THE LANCET.

VOL. I.] LONDON, SATURDAY, JANUARY 16. [1829-30.

LECTURES ON SURGERY, MEDICAL AND OPERATIVE,

DELIVERED AT

St. Bartholomew's Hospital:

BY MR. LAWRENCE.

LECTURE XVI.

Mechanical Injuries, Wounds, &c.

HAVING concluded the observations that I had to offer to you respecting inflammation, I come to another important division of surgery, viz. the

Nature and Treatment of Injuries,

which, indeed, may be regarded as a continuation of the former subject, for injuries produce *inflammation*, and our principal object in the treatment of them, is to arrest or to lessen inflammation.

I have, first, to speak to you of *wounds*; and the most simple form of that kind of injury consists of *incised* wounds or *cuts*, under which head we include the great majority of surgical operations, so that the observations I have to make to you respecting the *nature* of those injuries and their *management*, are equally applicable to the state of surgical operations; the treatment of the latter falls under the general principles which I shall now have to explain to you.

Under the head, then, of incised wounds or cuts, we embrace all divisions of any part of the body by means of any cutting instrument. Common experience has shown, that if a recent wound, inflicted in this way, has its sides brought into contact, those sides will unite, and thus the wound will heal, without any discharge taking place. If an ordinary person, who had cut his finger, and who had just bound something round the part, and cured it in that way, were to be told that he had cured his wound *per primam intentionem*, he, probably, would be very much astonished to find that he had acted so cleverly. That, however, is the name given to a cure of this kind. When the two sides of a wound are thus brought together and united, Galen speaks of it by the term *primam intentionem*. This is an union known then from the greatest antiquity, though the mode by which it is accomplished, has only been clearly explained in modern times. This mode of healing is now very commonly called *union by adhesion*—union by the *first intention*, or union by *adhesion*, are synonymous expressions; they are terms perfectly equivalent. When a wound is united in this way, it is found that the substance called *coagulable lymph* is thrown out on the surface of the wound, or, rather, it is effused in the interval between the approximated sides of the wound, and thus it agglutinates, or unites them, to each other Then vessels form in the lymph which is thus effused, and organises it; so that a firm union is established between the two sides. This is the nature of the process; the effusion of coagulable lymph there, the formation of vessels in that *nidus*. Thus is accomplished organic union between parts that have been recently divided. Now you will understand this union is not accomplished by the effusion of blood, and, in this respect, it is necessary for me to point out to you a mistake of Mr. Hunter, who speaks of union by the first intention, as if it took place by the effusion of blood, and the subsequent organisation of that blood. It is true, when blood is effused in a wound, that it will mechanically agglutinate, and hold together the sides of the wound, so that, for a time, it forms a medium for holding the sides together. But the blood effused does not become organised, nor have we, hitherto, any evidence whatever for believing that blood effused does become organised in the way Mr. Hunter has represented. In fact, in reference to this particular subject of the union of wounds by adhesion, the presence of blood is to be regarded rather in the light of an extraneous substance; and it is our object, before we bring the edges of the wound together, to cleanse it from all coagula; the presence of coagula will pre-

vent the healing of the wound—will render it incomplete. It happens, occasionally, that blood is effused into some of the circumscribed cavities of the body; that it is effused in the sac of aneurisms; that it is effused in bruises of internal parts—but we do not find that that blood becomes organised; on the contrary, in many cases, it acts as an irritant, and excites inflammation and suppuration; that is, those processes which are necessary for getting rid of extraneous substances. The coagulable lymph is effused from the capillaries of the wound. It is to be regarded as a secretion. It is to be regarded in the same light as the effusion of coagulable lymph, by the capillaries of a part under inflammation. This effusion of lymph does not take place from the vessels that are divided in the wound. So far as the mere effusion of lymph goes, the process does not seem to be essentially distinct from several others that I have already had occasion to describe to you. In fact, we may say, in reference to the deposition of this particular substance, that the process is essentially the same under *five* circumstances, which I have already mentioned. In the first place, in the effusion of coagulable lymph, for the purpose of uniting wounds by adhesion; secondly, as the commencement of that process by which a breach is to be repaired, when union, by the first intention, has not taken place, when granulation and cicatrisation are to repair the wound which has been called union by the second intention, and which I have already had occasion to describe; thirdly, in the interstitial effusion into a part under inflammation, which produces thickening and induration; fourthly, in that condensation of parts which constitutes the sac, cyst, or sides of an abscess; and, fifthly, in the effusion which occurs on the surface of a serous membrane under inflammation. In all these five cases, there seems to be no essential distinction, in respect to the nature of the substance that is poured out by the vessels; and, in all of them, it is described under the same term of coagulable lymph. The substance, which is poured out under all these circumstances, agrees in this; that after it has been effused, it admits of receiving vessels, and becoming organised; and, in that respect, there is a strongly-marked difference between the effused lymph and coagulated blood, in which we see no such penetration of the substance by vessels, and its ultimate complete organisation.

The process in the various cases that I have now mentioned to you, has been named by Mr. Hunter *adhesive inflammation*; and he has regarded the process as essentially the same under these various circumstances. An objection has been taken to the employment of the term *inflammation*, in reference to that process by which a recent wound is united, for, in fact, under favourable circumstances, we find the union will take place without the occurrence of any great vascular disturbance of the part. Often you will not be able to notice any swelling, redness, heat, or pain; not any of those circumstances which are considered necessary to establish the presence of inflammation. In fact, if those circumstances occur, that is, if inflammation takes place in the part recognisable by the circumstances which we ordinarily observe as characterising it, the union by adhesion is disturbed and affected. The occurrence, therefore, of inflammation, in its obvious and distinctly recognisable character, interferes with and prevents the accomplishment of adhesion. When you hear the term adhesive inflammation employed, you might suppose that there was something peculiar in the inflammation—that there is some peculiar kind of inflammation that is necessary to accomplish the effusion of coagulable lymph. We are not aware, however, that there is any thing peculiar in the nature of the increased action of the capillaries, which ends in this effusion of coagulable lymph. The effusion of this fluid seems rather to be the result of inflammation when it arrives at a particular pitch or degree, than of any particular character in the inflammation itself. The union by adhesion is sometimes accomplished within a very short period of time. In some experiments made by Dr. John Thomson, he found that a layer of coagulable lymph was deposited on the side of a wound within four hours from the time of its formation. I have already had occasion to mention to you, that lymph has been effused and vessels have been injected into it, on an inflamed intestine, within four-and-twenty hours from the time of the occurrence of the inflammation. We may say, therefore, that organic union of divided parts may take place in twenty hours; at all events, if we allow eight-and-forty hours for the occurrence, we may safely assert, that parts can be united by organic union within that time.

It appears, that all the soft parts of the body are susceptible of union by adhesion; thus, in the case of a wound that extends through the various textures, such as the skin, the cellular membrane, and the muscles, these can be united by the process of adhesion. With respect to the harder parts, they do not seem susceptible of this process. Bones, for example, do not unite by adhesion. I fancy that fibrous textures of the body do not unite by adhesion: at all events, there is one instance of this in which we have the clearest evidence to show, that a fibrous texture does not unite. I allude to the sclerotic coat of the eye, where we make a small puncture in the

operation for cataract. You see that that opening remains the same as when you made it, as long as the patient lives: no union ever takes place. Whether tendons or nerves unite by adhesion, are points which, perhaps, hitherto have not been completely settled.

The effusion of coagulable lymph in the first instance, agglutinates the sides of the wound, and thus forms a kind of mechanical union of the textures that have been divided. When this union has been organised, we find, after a certain space of time has elapsed, that the substance thus deposited is converted into a similar texture to those it unites; that it partakes more or less of the nature of muscle, for example, if muscle has been divided; of skin and of cellular membrane, if these have been divided; yet it does not in all respects assume the original character of those tissues. I have already had occasion to observe to you, that the uniting substance is a something that will enable the part to perform its functions, although you are able, by external observation, to distinguish between it and the original component parts of the texture. But in the case of the skin, muscle, and so forth, it is a something that will restore to the parts that were divided, the ability of performing their original operations.

The union by adhesion will take place, not only when simple division has occurred, but also when the parts have been extensively denuded, and, in some cases, almost separated from the body. Thus, if you have a large piece of the scalp torn up and connected to the remaining sound part, only by a very small portion of the skin; if you clean the surfaces, and lay it down again in its former situation, it will unite. If a finger be nearly cut off, and remain only attached to the hand by a small portion of skin, you may make it re-unite. I remember the case of a person who was on a coach when it was going under a gate-way, he let his head down, but not quite low enough, and the edge of the beam nearly scraped off the entire external ear. The meatus externus was separated, and the ear, in short, was merely held to the head by a very little portion of skin. It appeared, that it would be the shortest way in treating it, to nip it off with a pair of scissars, and, indeed, there would not have been much to cut through. However, as a kind of experiment, the parts were laid down in their original situation, kept there by a bandage, and they united very well.

This process of union has been more decidedly shown by operations, which have been undertaken for the restoration of lost parts, and also by experiments on animals, for the purpose of demonstrating the process of engrafting, as in the case of vegetables. It is a curious circumstance, that as long ago as the year 1155, a surgical practice existed in Calabria and Sicily of *restoring noses*. There were one or two families in which the practice of this operation seemed to be transmitted from one to the other, and those families were famous for it. However, this operation has been best known to the experimental world as that of *Talliacotius*, a professor at Bologna, who published a work in which he describes, at full length, the process he had adopted for restoring lost lips, noses, and ears. The cures that were performed at this time by Talliacotius were seen by his contemporaries in surgery; and there is this kind of further proof of what he did, that his contemporaries erected a statue in Bologna to his memory, in which he is represented as holding a nose in his hand. Perhaps it is better known in this country through the notice that has been taken of the proceeding, by the celebrated satirical poet, Butler, who says, in one part—

"So learned Talliacotius, from
The brawny part of porter's bum,
Cut supplemental noses, which
Would last as long as parent breech;
But when the date of Nock was out,
Off dropped the sympathetic snout."

(*Laughter.*)

Now the truth is, that Talliacotius did not cut parts out of the breech, nor did he cut them out of any animal. The plan which Talliacotius adopted was this: he pared the cicatrix of the lost nose, so as to reduce the edges to the state of a new wound; he then raised a portion of the integument, calculated to restore the part, from the arm or fore-arm; raised the arm or fore-arm up to the nose and joined the parts. He sewed on the piece of skin, which he had not detached, but only raised from the arm, and kept the arm bound up in this situation as long as was necessary for maintaining the circulation in the supplemental nose, and the adhering of the skin to the nose. Then the portion remaining adherent to the nose was separated from the arm, and the portion of skin that had originally belonged to the arm remained and formed the new nose. He in this way restored noses, and he in like manner restored lips and ears, according to his own account.

Although ridicule has been cast upon the *Talliacotian art*, as it has been called, there seems no reason whatever for doubting the fact, that such things were done; indeed, from what we see we can have no reasonable ground for doubting that a portion of integument might thus be raised from the arm or fore-arm, that it might be applied, in the way described, to the cicatrix of a lost nose, become adherent there, and fill up that very unsightly chasm which the loss of this mem-

ber produces. We cannot, however, believe the whole that Tallincotia has said, for I think he says, that these new noses smelt more acutely than the ordinary ones, that they grew larger, and that they became so hairy as to require to be shaved.—(*Laughter.*)

Another mode of restoring the nose has been imported into this country from India, where it was not an uncommon practice to mutilate captives by cutting off their noses and ears; and this, according to their religion, was a very serious affair. In this mode of operation the integument is raised from the forehead; it is of a triangular shape; it is reversed, the basis being turned upwards; it is detached every where but at the apex of the triangle; then the cicatrix of the lost nose is pared, as in the other instance; then the triangular piece is turned round, that is, the apex by which it still remains adherent to the forehead is twisted, and the edges of the integument thus brought down are then fixed by sutures to the remains of the old nose. That is a mode which has been recently practised. A book has been published by Mr. Carpue upon it, and some new noses have been made at this hospital in this way—one or two; indeed to me the process is a very feasible one. These operations show you the extent of the chance of union that exists between the edges of recent wounds; they show that this process is not only found to agglutinate—to unite the edges of a cut in every part, but that it will also form an union between two recent surfaces of a wound, in which one is extraneous to the part in which the wound has been inflicted.

In the memoirs of the French Royal Academy of Surgery, in 1746, there is a paper by Duhammel, on the engrafting of the spurs of cocks into their combs. He mentions, that it has been a practice to make a hole in the comb of a cock, to take his spur off, and to put it into that hole; and he says, that in such a case the spur would not only inosculate, but grow to a considerable size; and he mentions having seen them grow to the extent of four inches under such circumstances. Mr. Hunter repeated those experiments, and certainly found the same circumstance to take place. He found that the spur of the cock would grow when inserted into the comb, and, in fact, that it would get to a larger size than if left in its natural situation. He found that the spur of a hen might be engrafted into the leg of a cock, and that it would grow there; also, that the spur of a cock might be engrafted into the leg of a hen, but that it would not there grow so rapidly or so large. He made another experiment, which was that of inserting a tooth, recently drawn, into the comb of a cock, after which it would become adherent; and he mentions this as an instance of *vascular* adhesion, although it might be doubted whether the adhesion of a tooth, in the comb of a cock, could be considered as resulting from inosculation of vessels; for I remember seeing a tooth very firmly inserted into the comb of a cock when the tooth was a dead tooth, and which had remained a long time in a drawer before it was inserted into the comb at all; so that it seems a living part has the power of grasping such a substance as that, and holding it firmly. Mr. Hunter, however, performed the further experiment of taking out the testicle of a cock, making an opening in the abdomen of a hen and inserting it there. Under these circumstances he found that the testicle would become adherent to the serous membrane of the abdomen of the hen, and grow in that situation.

Treatment.—With respect to the treatment of incised wounds, including also those inflicted in surgical operations, you will immediately perceive that the mode of management must be simple, our object being to promote adhesion—to prevent the occurrence of inflammation.

In order to promote adhesion, we must bring the edges of a wound together, and we must retain them in contact. This is accomplished either by strips of adhesive plaster or by sutures, or by bandages, or by attention to the position of the limb.

Heretofore sutures were generally relied on for accomplishing the union of recent wounds, now we almost exclusively employ adhesive plaster for that purpose. If adhesive plaster be used, you must bring together the edges of the wound, by employing such a number of strips of the plaster as are just sufficient for the purpose. You do not want to employ more than will simply approximate and maintain in contact the edges of the wound, and you must do this gently. It is not necessary that you should cover over the whole surface of the wound; and it is by no means advisable, supposing a wound has taken place with considerable loss of substance, that you should forcibly draw the parts together, for whenever there has been a considerable loss of substance, you will find that the parts will not remain in the situation into which you forcibly bring them, and that you only excite inflammation by thus forcing them. You will recollect that the substances which adhesive plaster contains are, more or less, of an *irritating* kind; and, therefore, if those plasters be applied on a surface, even in a healthy state, they will occasion more or less uneasiness, consequently you will just employ enough to accomplish your purpose. You will recollect, that more or less swelling is likely to take place after the application of these strips, so that if you apply

them tightly, they will act more or less by way of ligature over the wound. I have seen, sometimes, very serious injury produced, by forcibly dragging together the edges of a wound, where considerable loss of substance had taken place, and by applying the strips of plaster in such a way as to act like ligatures when the parts began to swell. Not long ago, I had occasion to assist in the operation of removing a female's breast. A considerable portion was taken away, very broad strips of plaster were applied, and the parts drawn together as tightly as they could be. In about eight and-forty hours after the operation, I was sent for, in a great hurry, to see the patient. She had summoned the gentleman who had performed the operation, but he not being in the way I was sent for, and I went. When I arrived, I found that she had passed a night without the least rest, and that she felt as if she had a great weight pressing upon her chest. On opening the part, I saw that wherever the strips of plaster were not actually in contact, the swelled and red skin rose up between them, in consequence of the degree of pressure which the strips of plaster produced. I took them off, and the skin all around the wound was red and inflamed. The lady then told me that she felt as if a hundred weight had been removed from her chest. In consequence of this, the injury did not go further; but if the strips of plaster had been left on for four-and-twenty hours longer, they would have been found to have produced an attack of erysipelas. It very often happens that, in consequence of these straps being left on too tightly, erysipelas takes place, and then people say—"Dear me, what a strange thing it is, that erysipelas should have come on!"

Having applied the strips of plaster in the way I have mentioned, so as simply and gently to approximate the edges of the wound, you keep the part covered over with a linen cloth that has been dipped in cold water, and squeezed out, so as to prevent the occurrence of inflammation. If the union goes on favourably, you may leave the strips of plaster on for three or four days; and when you take them off, you will probably find the wound, for the most part, united. You may find it united at one part, and not at another; you will then resume the application of the plaster; or you may find the edges red, and not united at all. Under these circumstances, you may apply spermaceti cerate, with a small portion of adhesive plaster, or the wound must be left to be healed by granulations, in the way I have before described.

Sutures are employed either alone, or in conjunction with adhesive plaster. The form of sutures which we use, is what is technically called the *interrupted suture*; that is, where each stitch is distinct and separate. You make a single stitch, and then tie the silk or thread into a knot. Sutures are convenient in situations where the integuments are loose and folded, as about the scrotum or neck; or where moisture might detach plaster, as about the mouth. Where you employ them, you must use small and sharp needles; and you must use small silk or thread ligatures, such as are proper for tying arteries. The object of using the sutures is merely to keep the edges of the wound together, until the natural process of adhesion shall be accomplished. Now I have mentioned to you that a wound will become agglutinated by the deposition of coagulable lymph in four-and-twenty hours, and that organic union will take place in twenty-four hours; certainly in forty-eight hours; therefore you may cut out the sutures either in twelve, or, at all events, in four-and-twenty hours. You need not let them stay in longer. They have accomplished the purpose for which they were employed; and if you let them stay in longer, they become irritants. You put in as many sutures as you find necessary, and you may support the intervals with adhesive plaster; then cover the wound with a damp cloth, as I have mentioned, after you have fixed the adhesive strips.

Now it happened to me not long ago, that I had to remove an enlarged lachrymal gland from the orbit, which projected considerably beyond the upper eye-lid. It was necessary for me to make an incision from the root of the nose up over the orbit; in the whole about six inches long, and to bring this to a T shape by another incision made at right angles with the first. This wound I united merely by sutures; putting in as many small sutures as were necessary to bring the edges together; and I used no other dressing in that case, except a rag dipped in cold water, and kept continually damp. I removed the sutures in twenty-four hours. There was not a particle of discharge ever took place from the wound, the whole united by adhesion, and the gentleman was able to go about his usual avocations at the end of a week from the period of performing the operation. Perhaps heretofore sutures have been more freely employed than was necessary; but I think, in modern times they have been rather too much neglected, and that the practice of using them has been too much descried. The objection may have arisen from the injudicious mode in which they have been employed, rather than from the principle of the practice. Large needles and thick ligatures have been used; and an idea existed, that it was necessary to pass those very deeply, so that the whole depth of the wound should be

included; and the sutures, when thus passed, were left in for a long time. You cannot wonder that, under such circumstances, they should very often excite considerable irritation, and that, in fact, obvious mischief should arise from their employment in this way. But if you use small needles and small ligatures, and if you cut the sutures out in about twelve or four-and-twenty hours, you avoid all these mischiefs. I should say, that under such circumstances, sutures are very often necessary, that they are generally very advantageous, and that they are not, under any circumstances, injurious, when they are employed with these restrictions.

You might use sutures for the union of recent wounds of the eye-brows or eye-lids, or of the face generally; because there it is important to have the sides of the wounds very accurately adjusted, in order to prevent or to lessen the deformity that may be occasioned by such wounds. I have seen considerable deformity arise from the neglect of those means that were necessary to bring the edges of such wounds very accurately together. I recollect an instance of a gentleman who had a penetrating wound of the upper eye-lid, it had gone through the textures of the lid completely, without injuring the globe; and in consequence of there not having been proper attention paid, the edges of the wound had united, so as to leave a sort of button-hole in the upper eye-lid. In another case, where the edges were not well brought together, a kind of fissure was left in the lower eyelid. In the groin and scrotum, you will find sutures by far the most efficient mode of bringing the parts together.

I have mentioned interrupted sutures as being the form of sutures we most use; but there are cases in which the uninterrupted suture may be advisable. I remember an instance where I found it necessary to have recourse to the uninterrupted suture, and where it answered perfectly well. I had occasion to go some way out of town to see a case, and afterwards, when I was dining in a neighbouring house, the medical gentleman who had asked me to see the case, sent for me again in great haste, saying, that a dreadful accident had just happened to a boy who had been bitten by a pig. It was a large boar, which had used his tusks without mercy. He had bitten the boy through the abdomen, and made an opening, into which I could have laid all my fingers. Protruding through this opening was a part of the stomach, a large portion of omentum, and a considerable quantity of the intestines. The boy had just taken a good dinner, and the stomach was full. On pressing it, I found the lumps of food hard within it. With some trouble I succeeded in putting these parts back into the abdomen; but it was very obvious, that if any degree of tension or of swelling of the parts occurred, they would immediately come out again, so that it would be to no purpose whatever to think of uniting the wound by adhesive plaster, I therefore considered the only means to be that of the uninterrupted suture; I accordingly sewed the wound from one end to the other, embracing the muscles and the whole of the texture in the stitches, just as you would sow up the opening you make in an abdomen you open after death. This of course completely prevented further protrusion; and other means suitable to such a case being employed calculated to prevent inflammation, the case did perfectly well, and the boy recovered very rapidly.

I mentioned two other modes of approximating the sides of a wound,—bandage and position; we very seldom trust to bandage alone for uniting wounds, although there might by possibility be circumstances under which it might be used with great advantage, without any other means.

With respect to position, the necessity of attending to it is so very obvious that it is hardly necessary to notice it. If you cut the thigh across, and bend the thigh, the wound will gape, whereas if you extend the thigh, the edges will remain together almost without any visible opening. So with respect to wounds about the throat and in some other parts, you will often find that position will accomplish what you may want. Position should always therefore be attended to.

Whatever means you adopt, you will find it necessary to keep the wound perfectly at rest, and, in fact, to enjoin rest of the body generally, in all cases of serious wounds of any of the important parts. You will place the patient on low diet, and keep the bowels clear by opening medicine; these are means calculated to prevent the occurrence of inflammation.

You will see that most extensive wounds will unite very rapidly, and very favourably, after operations in which large quantities of blood have been lost, so that you need not be alarmed at patients bleeding freely in cases of operations. Those cases do so much better afterwards, that I think it is advisable to let the blood flow freely during the course of the operation. It has been observed many times on the field of battle, that after important engagements, where there have been numbers wounded, and where perhaps two or three days have elapsed before the field of battle has been sufficiently searched so as to discover all those who had been wounded, that there have been instances of persons remaining two, three, or four days, without any attention at all having been paid to them, or their having taken anything, and to the sur-

prise sometimes of those who have witnessed the fact, they have actually done remarkably well; no doubt much better than if they had had a great deal of care taken of them, and been well stuffed.

If there has been hæmorrhage from wounds, you will let the bleeding stop before you attempt to unite the edges, and with a soft sponge cleanse the edges from coagula, before you bring the sides together. Large vessels, or even small vessels that bleed freely, must be secured. Sponging the wound with cold water, and free exposure of the surface to the air, will stop the bleeding; and when all bleeding has ceased, you bring the sides of the wound together. After the patient has gone to bed, the circulation recovers. Faintness and exposure to air, may have stopped the bleeding, but when the part is covered up, when the patient becomes warm again, and more particularly if a good deal of covering has been put upon the wound, the patient being pretty warmly covered over with clothes, bleeding will, not very uncommonly, return; secondary bleeding will take place, and this occurs some time from the period of the patient's being put to bed. The blood that is shed will partly escape at the intervals of the strappings; when it remains in the wound, it coagulates, distends the parts, and gives the patient great pain. Now there is so much suffering produced by these secondary bleedings, and so much alarm occasioned by them to the patient and friends, that it is worth your while to take all possible care to prevent their occurrence; and they may also be very inconvenient to the surgeon, as they may occasion him to be sent for at a moment when it may not be possible for him to attend. The secondary hæmorrhage will be most effectually prevented by your adopting proper means, before performing the operation, for preparing the patient for it. You would not think of taking a patient of a full habit of body, eating and drinking up to the very time of performing an important operation, and then submit him to it. You will be sure to have something wrong if you do that. In performing important operations, you must enjoin patients for some time before, from eating animal food, and drinking fermented liquors; you would take care to empty the alimentary canal; and in some instances, especially if the patient be robust, of a full habit, and young, it may be necessary to reduce him further by venesection, before the performance of an important operation. Then during the performance of the operation, I have already hinted to you, it is best in general to let the blood flow freely from the vessels that have been divided in the course of the operation. Sometimes we see persons extremely anxious to stop the bleeding: they think it necessary to interrupt the operation for the purpose of stopping the bleeding vessels; but I acknowledge to you, that it has always seemed to me that cases do better where you let the blood flow freely, than where you adopt a contrary practice. I have seen many cases in which there have been considerable bleedings; in some where two or three pints of blood have been lost, particularly when females have been operated upon, and I remember no cases to have done better. Let the patient faint. In fact, syncope is the natural remedy for preventing bleeding. If the patient faints, the loss of blood is put an end to, for the bleeding stops. You take up all the vessels that may bleed after the operation is finished; you dress the wound lightly, you let the part be kept cool and open to the air; you apply damp cloths over it to reduce the temperature; you put the patient into a cool and airy apartment, you let him have only light bed-clothes, and you give him nothing but very light diet; such means are best calculated to prevent the occurrence of secondary bleeding. If you find that the bleeding does not so completely stop as you would wish, within a short period after the operation, you may remove the patient to bed without closing the wound. Let it remain open to the air, which is an effectual mode of stopping the bleeding. And you will find that union will take place much more favourably if you let the surface remain thus open till it gets even a little dry. Perhaps there is no case more favourable for union than where we find it so dry as to present what we call *a slight glaze* upon it. You then bring together the edges of the wound, and you can unite them more favourably when the patient is laid in bed, for in fact if you unite the wound when the patient is lying on the operating-table, the removal of, and carrying him to bed, and placing him in the new position, very often alter the bearing of the strips of plaster so, that the union is thus by no means so accurately effected. Whether in the case of a wound, or of a surgical operation, very light and simple diet is expedient, until the cure of the wound is accomplished. It is by no means proper, under such circumstances, that fermented liquors should be at all allowed; and in general you will find it much the best that the patient should not take any animal food till the wound is united.

DISEASE OF THE LYMPHATIC SYSTEM.

At a late meeting of the Académie Royale de Médecine, M. Amussat communicated the following interesting case:—

A young man, of 19 years of age, a native of the island of Bourbon, had a swelling

in each inguinal region, which had been treated during five years by compression. Although the application of the truss always caused considerable pain, it immediately subsided after its being taken off; whenever he attempted, however, to walk without the bandage, the pain in the tumours became almost intolerable. On his arrival, and during the first days of his stay at Paris, he felt pretty well. On the morning of the 7th of November, however, he awoke with violent pain under the right breast and in the groin, and great difficulty of breathing; the tumours were very tender, and the skin over that of the left side slightly inflamed. There were no local or general symptoms of incarcerated hernia. Venesection from the arm, leeches and fomentations to the tumours, and a warm-bath, were without any effect; the abdomen became tympanitic, etc., and the patient died on the 9th of November.

On examination of the body twenty-four hours after death, the tumours were found to be deposits of purulent matter, contained in very thin cysts, the texture of which somewhat resembled that of the serous membranes; they communicated with the abdomen by means of the crural arch, and descended to a considerable extent between the fascia lata and the muscles of the thigh. The peritoneum contained a great quantity of purulent matter, which at first sight was supposed to be the result of psoitis. On careful examination of the thoracic duct, however, it appeared that this canal, as well as the whole of the lymphatic vessels of the abdominal cavity, was filled with real pus. M. Amussat tied some of the lymphatic branches, which were considerably enlarged, and showed, to the entire satisfaction of the practitioners present, that these vessels communicated with the accumulation of purulent matter, and that the canals filled with pus, which they had considered as being the result of feculent infiltration in the cellular tissue, were actually enlarged lymphatic vessels. The tumours in the inguinal regions were found to be lymphatic vessels enormously dilated, so as to resemble hernial sacs.—*Gazette de Santé.*

SINGULAR CASE OF LETHARGY LASTING ABOVE FOUR YEARS.

The following case is related by Dr. Müller, of Löwenberg, in Silesia:—

The patient in question was a young female, apparently of good health and cheerful temper, who in the fourteenth year of her age (a twelvemonth after the first appearance of the menses) had a sudden fright, in consequence of which, menstruation was suppressed, and she was observed to become very low-spirited. These symptoms were, however, transitory, and within a few months she was perfectly restored to health. About three years afterwards, on the 16th of November, 1823, she was seen walking after church, up and down the churchyard, and a short time afterwards discovered sitting at the gate in a state of lethargy; she was carried home, and for a few hours roused from her sleep, but soon relapsed into it, and from this period continued with short waking intervals in a lethargic state for more than four years. There was no assignable cause of this remarkable affection, except, perhaps, the death of her mother, of whom she had been very fond, and a slight altercation which she had had a few days before the commencement of her illness. When Dr. Müller saw her, in the second year of her sleep, she was in the following state:—She lay on her back, without ever changing her position, and was extremely emaciated; whenever the eyelids were lifted up, they closed again with a trembling movement; the mouth was firmly closed, and there was a constant flow of saliva from it. The lips were pale, the neck stiff, and the head could not be bent towards the sides without great difficulty. The muscles of the extremities were remarkably stiff, and the limbs could not be moved, except with considerable force. (At the beginning of the affection, the patient is said to have been cataleptic.) Respiration, as well as the action of the heart, were very slow, but regular; the skin was dry. The length of the intervals, during the lethargic sleep, were different; at the beginning, the patient generally slept for three days without any interruption, and then awoke for a short time; afterwards, these intervals became of variable distance. In February, 1824, the affection appeared to go off, and during eight days, the animal functions of the patient were almost perfectly natural; this was, however, but a transitory amelioration, and speedily followed by a return of still deeper and more continued lethargy, which sometimes lasted not less than eleven days and nights, without being interrupted even by the most active stimuli. The time during which the patient was awake, also greatly varied, being, during the first months, between fifteen and twenty minutes, afterwards one, two, and sometimes even six hours. During the second and third year, the patient was, on an average, awake only four hours out of ninety-four. During the first twelve days of her illness, she took hardly any nourishment; afterwards, small quantities of milk and whey, and when she was awake for a longer time than usual, some bread. The only sign of her being awake (which mostly took place about midnight), consisted in a very slow movement of her arms and legs; she neither opened her eyes, nor attempted to speak. About twenty-four hours after she

had taken food, her whole frame appeared to undergo a very remarkable alteration; the pulse, the frequency of which before hardly exceeded 35, rose to 70, and even 90; the skin became warm and slightly moist; there was more colour in the face and lips, respiration was deeper, and the flow of saliva increased. Two or three hours afterwards, the patient evinced a sort of uneasiness, which was the only sign of her desire to make water; the bowels were very costive, and evacuations took place only in her waking state. In the course of the second and third year, however, she frequently had also stools during sleep. Sometimes she had no stool for sixteen days. When she was awake, her sensibility was perfectly natural. During sleep, it seemed completely extinct, and the most active stimuli were of no effect. Electricity and galvanism caused violent contraction of the muscles, but did not otherwise rouse her; the tongue appeared to be almost paralysed; the mucous membrane quite insensible to any stimulus; the eyes were almost constantly closed. The power of hearing only appeared to be as active as during health, and when the patient awoke, she recollected every thing which had been spoken in her presence. After the ineffectual employment of the most active external stimulants, galvanism was in the spring of 1825 employed in the following manner:—the negative pole was directed to the left side of the chest, and the positive to the ear and the face, especially over great nervous branches or plexus. The first application lasted eight minutes, and caused a convulsive movement in those muscles of the face, which had been under the particular influence of the positive pole; the pulse rose and became fuller, and respiration more energetic. In subsequent trials, the positive pole being applied to the forehead, and the negative to the epigastrium, the patient was seized with violent convulsions, and vomited a considerable quantity of albuminous mucus. The galvanic current was carried almost over the whole body in different directions, but without any influence on the lethargy, and it was determined to remove the patient to the hospital at Breslau, when, all on a sudden, her state appeared to be altered in a very singular manner; she was found awake, but refused to take any thing; had a violent cough; her features were altered; the face almost hippocratic; the skin was hot and dry; respiration hurried; the pulse feverish, and all the symptoms indicated approaching dissolution; she appeared to be conscious of her danger, and begged those present to pray for her soul; but the dangerous symptoms subsided, and she fell again into her former lethargy, which continued until the beginning of 1826, when it gradually went off. During her convalescence she laboured for some time under mental weakness, which, however, also soon disappeared. In August 1828, she was perfectly well, and as cheerful as before, but did not recollect any thing which had happened during her illness.—*Journ. d. Pract. Heilk. v. Hufeland u. Osann.*

ACUTE ABDOMINAL AND PELVIC INFLAMMATION.

Reply of Mr. D. N. Bates *to* Mr. Godrich.

Seeing in The Lancet of the 19th inst. a letter from Mr. Francis Godrich, of Grove House, Little Chelsea, animadverting upon my little work on Acute Abdominal and Pelvic Inflammation, I trust you will show me equal favour by allowing the following observations upon that letter and the work generally, to be inserted in your columns.

I cannot but regard it as a fortunate circumstance, that although that gentleman commences by doubting the efficacy of my method of treatment, yet he does not quarrel with the principle upon which it is founded; for by his after observations, he admits that he is more friendly to it than he is either aware of, or willing to allow, and I therefore entertain strong hopes, from these *after admissions*, that I shall obtain in him a convert, not to my principles (for he is already one), but to the promptly efficacious practice recommended by me for the cure of this disease. Before, however, this desideratum can be accomplished, it will be necessary for him to pass through the initiatory process of *reading the work*, before he can be considered a *Neophyte*, much less qualified as a *critic*, to make it the subject of his injudicious animadversion. At the first glance of that gentleman's letter, it is evident that he has *not* perused the book, upon the merits of which he has thus ventured publicly to decide, and the whole of his knowledge of it must, therefore, be derived from the necessarily curtailed and disjointed passages quoted from it in the review. Had he prepared himself for the undertaking, by making himself thoroughly acquainted with the original, he probably would not have been so impatient to publish his grossly ill-digested opinions; nor could he have fallen into the absurdity of the following misrepresentation; "but that practitioners generally will, in the present era of medical science, supersede the free use of the lancet, and substitute half-grain doses of opium, and a grain of antimonial powder, remains to be proved!" This starveling and mutilated piece of practice, is the only part of my

little work that my antagonist has thought proper to bring into the field, and then in its state of unsupported and miserable attenuation, what a formidable artillery on his side has he brought to bear against it! Copious bleedings, two and three-grain doses of opium, until the patient is *deluged in perspiration*, and then finished with vinum colchici seminûm! How must my practice sink into hopeless insignificance by the side of this, when compared in the minds of those who only know my treatment through the medium of Mr. Godrich's letter! What shameless audacity must I possess, to propose this puny remedy to so intelligent a body of men as the British medical profession, as a "certain and expeditious method of cure!" Fortunately, Sir, the almost desperate case from which this *morsel* was extracted, describes the employment of another and more powerful remedy, to which the other was only conjoined as an auxiliary; and had he read that case attentively, with others equally interesting, he would have been informed how promptly and effectually they were relieved by this method of treatment, which does not, as he erroneously supposes, hold any "truce" with the disease, but proceeds at once *to knock it on the head*, not suffering it to abide its presence upon *any conditions*. I hope the three-grain doses of opium prescribed by Mr. Godrich, never fail to sit quietly upon the stomachs of his patients, more especially when vomiting is one of the urgent symptoms. There may be a greater retentiveness of this drug in that highly sensitive organ the stomach, among the people of Little Chelsea (being in the atmosphere of London), but this I know, that the same organs in my patients, perhaps from being *unadulterated*, cannot bear it in this disease when accompanied by vomiting, even in smaller doses, unless with the peculiar combination which I recommend. That gentleman seems to entertain a very unfounded dread, that "the use of the lancet will be superseded by the means I propose." A reference to the work will instantly calm such apprehension; even an attentive perusal of your review would have informed him, that "this remedy does not supersede the use of venesection, except in old and debilitated subjects." It is, Sir, from persons reading my work in too cursory a manner, and not taking time to digest its contents, and *from that only*, that I apprehend any failure can take place in the practice I propose. Practitioners may be content to read it superficially, perhaps like Mr. Godrich, *will be satisfied with the review*, and then, fancying themselves masters of the practice, will fall into blunders, by overlooking or neglecting many minutiæ that are necessary to success, and which have, perhaps, cost the author years of careful observation to collect. To those that would read or practise so loosely, I must say, "Save me from my friends!" I would rather be the object of their professed hostility, as I feel convinced, that if this practice have but "a fair field, and no favour," it will, ere long, from the speed and certainty with which it arrests the progress of the disease, supersede the general treatment now in use. This I venture to prognosticate, from the invariable success that has attended it for nearly the last six years, during which, though employed in one of the largest medical practices in this county or in Essex, it has not failed of success in a single instance. I will not, Sir, contend for the term of "opprobrium medicorum," as applied by me, to this disease, more especially with so gigantic a champion as yourself; but I believe it will be generally admitted, that it is considered highly dangerous, and known to be frequently fatal, even under the management of men of undoubted talent, and of well-merited eminence in the profession.

I am aware, Sir, that this practice will have to contend with a great deal of long-cherished prejudice, but I must confess myself not prepared for such a display of intolerant bigotry of opinion as is contained in the review of my work in the *Medical Gazette* of Nov. 7th, 1829. The impartial writer totally disregarding facts, which it seems it did not suit his purpose to adduce, has presented his readers with a puerile Philippic, which betrays so great poverty of thought, and is written in such a bombastic style of declamation, that one cannot help suspecting, he must have prepared himself for the occasion, by taking lessons in Demosthenes from a village school-mistress. Neither that imbecile effusion, nor the *ex-parte criticism* of Mr. Godrich, will prevent the circulation of my little work, which has already been honoured by the unqualified approbation of some of the greatest medical characters in London and in the country.

I must conclude, with strenuously recommending your readers to judge for themselves: they will find a host of facts, exemplifying every point of practice, and proving that it is equally well adapted to every state and condition in which this disease may be found. I feel confident they will, in the hour of trial, which is the only test of good clinical practice, arrive at the same conclusion with myself,—that the practice I recommend is a "certain and expeditious method of cure."

Sudbury, Suffolk,
December 26th, 1829.

WISDOM AND LIBERALITY OF THE OLD HAGS.

To the Editor of THE LANCET.

SIR,—As a constant reader of your valuable Journal, I have often observed, with feelings of satisfaction, the high and universal estimation in which it is held over all other periodical publications, for it has carried the power of even-handed justice so far, as to be able to check the "hole-and-corner" proceedings carried on in most of our hospitals; and I may safely coincide with many other subscribers, in asserting that there is no medical Journal equal to THE LANCET in useful information and extensive circulation. I will take the liberty, like many others, to make a few remarks on the defective and highly injurious state of the regulations of the Royal College of Surgeons and Apothecaries' Company in London; and for fear I should occupy too much of the valuable pages of your Journal, I shall state as briefly as possible the communication that I intend to make to you. It is generally understood that every man who intends to become a general practitioner, must pass the examinations of both College and Hall. It is of no consequence whether you have passed the College of Surgeons or not; if you pass, you are necessarily authorised to practise as a surgeon; but if you present yourself at the Hall, a few days perhaps after having the College diploma in your pocket, it is lamentable to say, those wiseacres, lately better known by the name of Old Hags of Rhubarb Hall, have it in their power to reject an individual for not knowing anatomy, of which they know such a small portion themselves. It is not at all improbable but there are some of them who would actually faint, if they were brought perchance in sight of a dissected subject.

A short time ago, that pedantic body rejected an individual who had passed the College previous to making his appearance to be examined on drugs at Rhubarb Hall, because he did not know some of their anatomical questions. If a person answers all their questions in pharmacy, chemistry, and botany, and with the same breath, telling them that he has already been examined in anatomy at the College where he obtained his diploma, why is this not sufficient to curb their illegal restraints on a person who legally should be their superior, in point of rank, in the profession? They should not be so severe on persons who passed the College previous to trying to become a member of the Apothecaries' Hall. It would be very well for them to act this unnecessary part on persons whom they may suppose to be ignorant of anatomy, and without having passed the College of Surgeons. All these imperfections must give rise to many grievances, and nothing but a regular reformation can ever suppress them.

I am, Sir,
Your obedient servant,
STUDENS.

London, Dec. 27.

SURGICAL REFORM.

To the Editor of THE LANCET.

SIR,—I was about to apologise for addressing you on a subject which has been so repeatedly and so ably discussed in the leading articles of your truly meritorious and useful journal; but when I consider that it is entirely at your option either to receive or reject, I think it unnecessary, more especially as my only object is that of contributing my mite towards the benefit of that profession to which I am enthusiastically devoted, and of which I am an humble member.

The injustice and oppressive tendency of the legislative enactments relating to the medical profession—the absurdity of the certificate trade, and the consequent necessity for a thorough reformation, are now become so apparent, even to non-medical persons, as to render it utterly superfluous for me to offer any comment upon the subject.

I have read with avidity each number of THE LANCET since the first announcement of the British College of Surgeons, hoping that it would have elicited remarks from some of your numerous correspondents, more competent than myself to point out the advantages or disadvantages of such an institution. My professional brethren, however, either from a consciousness of its utility, or (what is more probable) from a reluctance to bestir themselves in a course which does not immediately bear upon their own interests, having been altogether tacit upon the subject, I cannot resist this opportunity of offering my humble, though sincere, opinion of such an institution, and also of medical policy in general.

It will, I believe, be admitted by all, that no advantages are to be derived from becoming a member of the Royal College of Surgeons, and that there is no law to prevent persons of the smallest intellectual calibre, from practising as surgeons without a diploma. Hence it follows, that the majority of practitioners commence the important and serious duties of their profession, immediately after having passed the ordeal of the Apothecaries' Company, a body notorious for their incapability of ascertaining whether their candidate possesses a sufficient knowledge to practise upon the lives of his Majesty's subjects. It is true there are a few students,

whose only aim is to acquire that knowledge which alone will enable them to practise with pleasure and satisfaction to themselves, and justice to their patients, without any regard to the necessity of passing this Hall or that College; but I fear such instances are rare. Most of them rest contented with acquiring a smattering of Celsus, an armful of certificates of lectures never attended, and a superficial view of chemistry, materia medica, etc. from Pereira's Manual ("their friend Jonathan," I have repeatedly heard him styled), with the help of which they contrive, with the greatest facility, to pass by the ignorant and *effete* conclave of Rhubarb Hall.

The regulations of the College are thus rendered entirely futile by the attainment of the apothecaries' license; therefore, should they (the students) afterwards present themselves in Lincoln's Inn Fields for examination, it is a matter of *choice*, not *necessity*, and, consequently, if they are rejected, will give themselves no further trouble about it, but commence practising immediately upon the shallow knowledge requisite to distinguish rhubarb from jalap, or the region of the head from that of the bladder. I feel perfectly satisfied, that the projecters and supporters of the British College of Surgeons, were actuated by the best of motives; and, I must confess, that I look upon it as the prelude to a new and brighter era; at all events, it indicates that the profession are sensible of, and are determined to disengage themselves from, the disgraceful shackles under which they have too long, and, I may add, too tamely laboured. With due deference, however, it appears to me, that they have taken only a superficial view of the matter, and that the benefits of their institution will not in any way reach the great body of practitioners, or in the least prevent our profession from being overrun by ignoramuses. It may be observed by some, that "Rome was not built in a day;" to this assertion I willingly assent, aware, as I am, of the great difficulties to be surmounted, ere we can effect a reform in medical policy; but I must at the same time answer, that what is done, let us do effectually. The establishment of an institution at which there is no compulsion to pass an examination, is, in my humble opinion, ill calculated to benefit the profession at large; and, as regards its operation on the already-established emporiums (pardon the expression), it may be somewhat compared to attempting to overturn "an elephant with a feather."

From what I have stated, you will have perceived that I consider the power vested in the Apothecaries' Company to be the root of *all* evil, and that, consequently the united endeavours of the profession should be directed to wresting such power from a body wholly incompetent to fulfil even the duties of their office. This can only be effected by a repeal of that absurd, oppressive, and inefficient act of 1815.

I entertain too high an opinion of our legislators, to suppose, for a moment, that an appeal to that effect would go unheeded; more particularly so, since the late prosecution by the Apothecaries' Company (against persons, whose only crimes, forsooth, were to possess too precocious a knowledge, and too much merit for the Old Hags), have led individuals of all classes, to turn their attention to that Act—the injustice and inconsistency of which, must become immediately apparent to those, who will see and will understand; the present time, in my opinion, is extremely favourable for the purpose, as the various medical statutes would come under the eye of the legislature, in conjunction with the bill of anatomy.

I therefore beg leave to call upon the medical practitioners of Great Britain, to boldly come forward, and exert themselves at this critical period; to communicate (with your permission), through the medium of THE LANCET, their opinions, and, finally, to petition parliament, one and all, for a thorough reform in medical policy.

I shall not now enter deeply into the matter of this petition, as that can be determined upon should this letter meet the approbation of medical gentlemen, but will merely observe, *en passant*, that it should pray,

1st. For a repeal of the Apothecaries' Act of 1815.

2d. That an institution be founded, to be denominated the "Medico-Chirurgical College;" candidates for the diploma of which, shall be examined in all branches of the profession, whether medical or surgical; in short, that they are to be general practitioners.

3d. That candidates be admitted to an examination without the production of a single certificate, without, perhaps, the exception of an indenture of an "*unlimited portion*," and that but a small premium be received for the grant of the diploma.

4th. That members of the Council and Court of Examiners be chosen by the profession at large, and to be changed about every three years, to prevent all "nepotism monopoly, and partiality."

In conclusion, I beg to state that should my proposals meet with the concurrence of the profession, and the presentations of petitions to the ensuing parliament be determined upon, I proffer to exert myself to the utmost in the cause, assuring you that I should not even scruple to call upon every member in the county (certainly not the smallest) in which I am residing, provided

that, by obtaining their signatures, it would tend to raise the profession into its right and proper station.

Trusting you will pardon my intrusion upon the pages of your impartial periodical, as well as all inaccuracies of diction, and returning you my sincere thanks for the valuable instruction which I have repeatedly received through your medium,

I have the honour to be, Sir,
Yours, sincerely,
HOTANIST.

South Holland, Lincolnshire,
Dec. 25.

P.S.—Medical gentlemen in the country are already under "drilling" discipline, their lancets are unsheathed, and wait but for the order of command, and a second Hannibal to lead them to battle. How they will make the BATS of Lincoln's Inn, and the "Polecats" of Blackfriars, fly before them as smoke before the wind! Now, setting aside all flattery, I doubt not but we shall find in you that second Hannibal—the *willing* champion of our cause. We therefore hope, as "commander-in-chief of the LANCETEERS, you will not fail, like warriors of old, to occasionally harangue your troops with all the power and eloquence for which you are so highly and so justly celebrated, and thereby to inspire them with the emulation of being foremost in the "storming of humbug castles."

MEDICAL EDUCATION.

IT has been justly remarked, that they who enter on the profession of medicine, in any of its branches, have commonly depended for success, rather on the cultivation of the graces than the sciences; and it is certain that many persons, whose solid attainments were very moderate, have run away with the greatest share of wealth and popularity, with few other recommendations than a fine person, a showy dress, a singular equipage, and an undaunted effrontery.

But since internal satisfaction, a consciousness of having done all that was possible to prepare for a profession, and of having pretended to no more than we are able to perform, is a surer source of happiness than the applause, and even the guineas, of the ignorant multitude, every pupil, who values substantial happiness more than the phantom of it, should devote the first period of his life to a very serious pursuit of every part of knowledge which contributes to give him, not only a practical, but a theoretical skill in his profession—not only the contracted ideas of a mercenary practitioner, but the comprehensive sentiments of a student in philosophy.

The foundation should be laid in an education truly liberal. It is really lamentable to observe the extreme ignorance of those among medical practitioners, who are applied to in the first instance, and who constitute the most numerous class; they are taken from a writing-school, or perhaps a grammar-school, at the age of fourteen, and bound apprentices. They have usually acquired a good hand-writing, but their knowledge of the classics is seldom worth mentioning, and upon the whole their education may be said to be about equal to that of a pauper in a parish charity-school. Their business is to stand behind the counter, and compound medicines by the prescription of the doctor; these are usually in Latin, written very badly, and full of affected abbreviations; they are indeed often so enigmatical, that nothing less than the sagacity of an Œdipus can resolve their difficulties. The poor lad, if he has time, will toil at his dictionary, where, however, he often toils in vain; but if he has not time, which is usually the case, he takes the most expeditious method of doing business; he is ashamed to confess his ignorance, and therefore puts up any medicine which his conjecture suggests; the phial is wrapped up, dispatched with all expedition, and the patient poisoned.

After having spent seven years in a shop pounding drugs and spreading plasters, and after having acquired a little paltry portion of mechanical knowledge by constant habit, and after being set by the grinders, and having passed a mock examination, he is dismissed as complete, and goes into the country a bold professor of chirurgery and pharmacy; with a smart dress, unblushing countenance, and a voluble tongue, he is sure of success, and bids defiance to all the learning in the world. In his own opinion, he is another Hippocrates or Heberden, and indeed, he is an object of real wonder to the country people, for he collects a few hard words from his lexicon, which he enunciates with great gravity among gossips and farmers, who consider him as a very learned man, as well as prodigiously clever in his profession. Those who could bear witness against his skill are all secured and silenced in the church-yard.

A knowledge of Greek as well as Latin is really necessary to the general practitioner, if he would perform his business with that accuracy, which is certainly required in so important an employment. A boy destined to this employment, should by no means leave his school till the age of 16 or 17. The knowledge of the learned languages, acquired before this time, is merely elementary;

it is only of use as it leads to further improvement in the languages.

But, indeed, if he wish to raise his profession above the level of that of an empiric, or a farrier, he should acquire a liberal education for its own sake, independent of its use in a mercenary view; for the sake of polishing his mind, and elevating his sentiments. With a liberal education and an extensive practice, he is in fact a physician, though called an apothecary; and though he should neither have purchased a diploma, nor have *earned* a regular degree, by spending his time, money, and health, at a university, he is a gentleman; and the peculiar utility of his employments, when judiciously and humanely conducted, entitle him to the company and conversation of all who deserve that distinction.

There never was an age in which they who intend to support the dignified character of graduated physicians, had better opportunities for improvement in physiology. Lectures, as well as books, in anatomy, chemistry, and every part of science and natural philosophy, never abounded more. Let the student devote himself to these with long and serious application, and depend more upon them, than on the caprice of fashion, or any singularity in his chariot and livery. A popular practitioner in a great capital, and, indeed, any where, is a very important member of society, considered merely in a political point of view. The lives, limbs, and spirits, of a very great part of the subjects of a kingdom, depend upon his skill and honesty. A man who undertakes this office, and recommends himself by address and artifice, without qualifying himself with every preparatory knowledge, and who abuses the confidence of those who fly to him as to a guardian angel, in the deepest distress, has very little claim to the title of an honest man; and deserves to be stigmatised and punished with the worst of villains, and the vilest of sharpers.

It has been observed, and regretted, that some individuals in the profession have exhibited such an attention to interest, as is incompatible with the common feelings of humanity. Such persons are their own enemies; for no gratifications of sordid avarice can equal the delicious sensations of him, who delights in exercising his skill in diffusing joy in the haunts of misery, and in relieving the sick, the maimed, the halt, the blind.

Let no one who may read these observations, say they have no time for these things; but let such remember, rather that,—

"Cæsar—media inter prælia semper
Stellarum cœlique plagis superisque vacabat."
VALE.

PULMONARY CREPITOUS RATTLE.

To the Editor of THE LANCET.

SIR,—In THE LANCET, No. 326, you obliged me by the publication of some remarks upon the "pulmonary crepitous rattle." I stated my opinion, that this rattle was produced by a preternaturally dry state of the lining membrane of the air cells. In THE LANCET, No. 329, I have read some remarks upon my opinion, in a letter signed "Medicus," and I have, in consequence, to request a repetition of the favour you conferred upon me. I am, indeed, somewhat, unwilling again to trespass on your pages; but, the subject being of importance, and my object to establish the truth, perhaps you will allow my observations to travel through the world in company with the valuable matter which your Journal contains.

The objections of "Medicus," though few, are directed against the fundamental fact on which I found my opinion as to the cause of the crepitous rattle; and though his objections are, like the respiratory murmur in pneumonia, puerile, I conceive it to be incumbent upon me to expose their fallacy. "Medicus" observes,—"In support of his opinion, that the air-cells are preternaturally dry in the first stage of pneumonia, he brings no morbid anatomy." It is true, that I do not, in this particular, found my opinion upon the state of the membrane in the dead body, nor do I believe that a more correct opinion can be formed by such means. It is highly probable, that a secretion would take place from the air-cells during the last moments of life, or even after the cessation of the general circulation, and that the pathologist might incautiously believe such was the condition during life. I am inclined, therefore, to think, that observation of similar structures during life, is a method of proceeding much more likely to lead us to a correct conclusion. In support of the observations I formerly made, relative to mucous membranes, I will mention the following fact:—In a case of slight chronic inflammation of the mucous membrane of the pharynx, I have had repeated opportunities of seeing that membrane in a state of dryness, approaching that of cuticle. In remarking upon the increase of secretion which occurs in coryza, "Medicus" has most strangely overlooked the circumstance of my observations, referring only to the first stage of that disease. By pointing out the morbid secretions, which occur during subsequent periods of that disease, "Medicus" believes he is showing the error of my opinion; his conclusion, in this particular circumstance, would have been equally logical and amusing, had he said, "cows have horns, therefore calves have."

It has been observed by some writer, but I do not remember whom, that a sound, precisely similar to the crepitous rattle, may be produced by rubbing a lock of hair between the fingers, close to the ear. Who would seek to explain the production of the sound heard in pneumonia, which cannot be distinguished from this, by the passage of bubbles of air through an aqueous fluid? Who would tax his credulity so far as to force himself to believe, that similar sounds are produced by such dissimilar causes? I repeat, that I believe the pulmonary crepitous rattle is produced by the friction of air against the preternaturally dry surface of the air-cells, and by the friction of opposite surfaces of the air-cells against each other, occurring during respiration.

I am, Sir, your obedient servant,

JOHN WHITE, M.R.C.S.

St. Neot's, Dec. 19th.

EFFICACY OF CUBEBS IN GONORRHŒA.

To the Editor of THE LANCET.

SIR,—In your Number for Nov. 28, in a critique on Dr. Titley's work on Diseases of the Male Genitals, when speaking of gonorrhœal affections, you express your opinion of the inutility of cubebs in that disease.

Knowing you have ever evinced a readiness to give place to the results of any medicinal remedy, permit me to say, that having used the cubebs with invariable success in more than three hundred cases, I feel myself bound to enter a protest against the sweeping anathema of yourself and the learned Doctor, although at the risk of incurring the charge of presumption, and to endeavour to restore that valuable remedy to the rank it justly merits. I am perfectly satisfied that the frequent failure of the cubebs proceeds from its not being exhibited in a proper state, or from the doses given being too small. The aperient I use, if one be necessary, is the Rochelle salts in ʒss. doses, and I strictly prohibit the use of Epsom salts, which patients will frequently take in large quantities, unless particularly cautioned not to do so. I give the cubebs combined in the following manner:—

℞ *P. cubebæ*, ʒiij.;
P. G. acaciæ, ʒj.;
P. potassæ nitras, gr. vj. M. ft. pulv. capt. 4tis horis ex infus. sem. lini.

And I have not had occasion to use an injection in a single case, nor have I found the cubebs, so combined, productive of any of the injurious effects of which the Doctor accuses them; but if the cubebs be given in ʒss. or ʒj. doses, *uncombined* with the nitre, &c., then the enlarged testicle, irritable bladder, and paralysis, will most probably ensue. I have never had occasion to give more than ʒiij. for a dose, in the most obstinate cases, followed up every four hours, but it is particularly necessary the interval should not be longer.

In conclusion may I remark that the cubeb should not be kept powdered, but *unbruised* until wanted, in a stone jar in a *cold dry place*, nor should the cubeb be wrapped in paper, or its utility will ever remain questionable; that its efficacy depends on its essential oil is generally believed, but my own practice does not warrant an inference of that nature, as I have found the oil nearly valueless, although I believe it to be genuine; nor is the powder, deprived of the oil, of any service; which leads me to conclude that there resides in the cubeb a principle unknown, which is lost in distillation, and by atmospheric exposure in a bruised state. Should any of your readers have opportunity and inclination to give it a fair trial according to my plan, and will state the results through the medium of your invaluable Journal, they will confer a favour on your most obedient servant,

E. MOORE.

Dudley, Staffordshire, Dec. 5, 1829.

WESTERN HOSPITAL.

REPLY OF MR. BRODIE TO MR. SLEIGH.

[The following letter was received last week, but in consequence of the length of Dr. Ayre's on the same subject, we could not find room for it.—ED. L.]

To the Editor of THE LANCET.

Royal Western Hospital,
Jan. 4, 1830.

SIR,—I hope you will allow me a small space in your next Journal to refute the calumnious aspersions thrown on my character by Mr. Sleigh, in his letter which appeared in THE LANCET of the second instant, purporting to be a reply to my former communication; but which is, in fact, a tissue of calumny, and unfounded assertion; but first, allow me state, that neither Dr. Ayre nor Mr. Truman knew one word in my letter until it appeared in THE LANCET.

In Mr. Sleigh's professed reply he does not even endeavour to exculpate himself from the charges of deceiving me by writing a wilful falsehood, or of shameful neglect in delivering his lectures; both of these statements being uncontradicted; he merely says "he had every reason to expect the College would have long since recognised the hos-

pital;" and accuses me of malice, for stating that he must have been well aware that it could not have been accomplished; but what could he expect, when, from 1st October 1828 to April 1829, there were altogether but 160 patients admitted into the hospital, as may be proved from the hospital books; nor could it contain more than *half* the number of patients, promised by Mr. Sleigh, in his letter to me in September 1828, *insuring* 110 beds, constantly filled with patients.

As to my dismissal from the office of House Surgeon, its injustice was so scandalous that the other medical officers refused to sign it; the only reason that could be given was, disrespectful conduct to the senior surgeon! But how could I respect a man by whom I had been so duped, and whom I found was carrying on the hospital without any adequate means of defraying its expenses. With respect to the certificate Mr. Sleigh gave me "out of regard to the public," he knew that I intended to expose his scandalous behaviour long before my letter appeared; he had other reasons, which if he choose he may publish; for I told him my opinion of his transactions in rather too plain English; but I am convinced that his certificate will prove nothing but his own spite and malice. I have numerous certificates to prove that my character is unexceptionable in every respect; little reliance will be placed on the testimony of a man, who, for the purpose of obtaining pupils, did not scruple to use the most wilful misrepresentations.

With respect to his lectures, which he avers have been most scientifically taught, he publishes a vote of thanks by his pupils at another school in 1827, (most unequivocal testimony to show that his lectures in 1828-9 were well delivered.) I did not state that his lectures were not scientific, in fact his surgical lectures were so purely scientific that we had no practical part.

As to Mr. Sleigh's statement, that he never charged one fraction for hospital attendance, his charge being simply for lectures, the following extract from one of his letters, will show the ambiguity and craft of this assertion—"My charges for my lectures *including* hospital attendance, medical and surgical;" this shows clearly that it formed part of that for which he charged; besides, his lectures were not so much the year before. But whether he charged, or did not charge, those pupils who depended upon his honour and assertions, that the practice would be received at the College, must remain in London another year, and attend another hospital. If Mr. Sleigh has in his character one spark of justice or gentlemanly feeling, he would find those pupils that hospital practice at his own expense.

I am, Sir, your obliged servant,

G. I. H. BRODIE.

SECOND REPLY FROM MR. SLEIGH.

To the Editor of THE LANCET.

SIR,—Although the letter I addressed to you on the 18th ult., exposing, in self-defence, the conspiracy of Messrs. Ayre and Truman, contained *twenty-three* distinct statements, yet they have not, in their verbose communications of Saturday last, attempted to disprove but one of them. True, they have denied them, which is only what any person at all acquainted with their principles would expect; but denial even from men who have some regard for truth, is by no means a *refutation*. I only fear your readers will not have patience to read those gentlemanly letters in which they have substituted sophistry for fair argument, and Billingsgate language for replies to my charges; weapons, it is well known, had recourse to only in a vile and defenceless cause. The reflections they have cast on the committee, of which a clergyman of the Church of England was chairman, are not to be wondered at. What criminal, on being found guilty, does not impugn the motives, &c. of the jury which find him guilty? Besides, their false aspersions are only consonant with the deistical principles of the one, and the Jewish principles of the other. As to the retirement from the Committee of Mr. Johnson, who is this Mr. Johnson? Brother-in-law of Sir Charles Scudamore, knight; and be it known, that Sir Charles is equally deep in *the game* against me, but plays *his cards* with more *whist* sagacity. I shall not reply now to what they have said of me, for were I to do so by mere assertion, without proof, I would be doing what I now censure; and were I to go into proof, then my letter, if it would not tire your patience, would certainly that of your readers. But as I shall afford Dr. Ayre very shortly, a public opportunity of proving his slander, in a place where truth is generally extracted, if not by the fear of God, at least by the fear of the pillory, I shall be content till then, when I pledge myself to prove those two gentlemen to be as great economists of truth, and as deep and designing characters, as ever *graced* the medical profession. I am, Sir, your obedient servant,

W. W. SLEIGH.

25, Upper Seymour-st., Portman-sq.,
Jan. 11, 1830.

P.S.—By-the-by, Dr. Ayre need not *feel* so sorely at the conduct of the committee of the Royal Western Hospital in having expelled him, as I understand it was not the first time, even in this metropolis (we know nothing of elsewhere), that he, Dr. Ayre, was, according to his own *oily* interpretation of the word expulsion, under the very agreeable necessity of "tendering his resignation" at another public institution.

THE LANCET.

London, Saturday, January 16, 1830.

The Anatomy Bill, we hear, is to be again brought before Parliament in the ensuing session; but its present promoters are so well known as the agents of every thing that is illiberal, selfish, and corrupt, that they stand little chance of carrying any measure of importance, even in the House of Commons. Should they persist, we shall take the liberty of discussing their qualifications for the office they have assumed, before we investigate the merits of their Bill.

At this juncture it would be a source of much gratification to us to learn, in what manner the Schools of Anatomy in London, Dublin, and in the Scotch Colleges, and those established in our large provincial towns, have been supplied with subjects during the present session. In stating the quantity of the supply, it is hoped that our correspondents will not forget the price, which is a matter of infinite importance to the student, if not to the great mass of the community. Attention to this matter, by those who are capable of furnishing the required information, will be much esteemed.

A document entitled "Prospectus of the British College of Surgeons in London," was published in No. 312 of this journal. The paper appears to have produced no little sensation in the different ranks of the profession, and this to a considerable distance from the metropolis. The inquiries respecting this offset of corruption are, in fact, multiplying with such rapidity, that we shall feel called upon to notice its peculiarities in our next Lancet. Thus much we may now say; that it is too puny, and meagre, to afford shelter to a single upright, intelligent, zealous Surgical Reformer. Begotten in dishonour, it must perish in disgrace.

The "hole-and-corner" operations and "dirty jobs" of the Bats, have not been limited to the charitable of St. George's, for the modest blusterer of the Westminster Hospital vies with the "eminent" of the hospital of wonders in acts of Christian charity!

From the incommodious and dilapidated state of the Westminster Hospital, the rebuilding of that institution became a matter, not of choice, but of imperative necessity. But a question of great importance arose, viz. whether the hospital should be rebuilt on its present site, or in the vicinity of Charing Cross. From an examination of the records of the hospital, it appeared that the situation of the present building was the most eligible for the convenience and advantage of the sick poor.

The medical officers of the establishment were, however, of opinion, that they might add to their scanty supply of students by the removal of the building to the vicinity of Charing Cross; and such interest was used by the Bats, as the suspicious character of their application would admit, to obtain from Government a piece of ground in one or other of the newly-projected streets, for their *charitable* purposes. But this "dirty job," was, fortunately for the poor, detected at the Treasury, and the modest Author, with his chosen band, has completely failed in his manœuvrings. The edifice will be rebuilt in its present situation.

We witnessed the performances of the "Fire-King," for the first time, on Friday last, the 8th instant; and hearing from our professional brethren that the exhibition has engaged much of the public attention, and that the "antidotes" of Monsieur Chabert are frequently mentioned as a scandal and a reproach to the present state of medical knowledge, we take some blame to ourselves for not having seen the performance at an earlier period. In truth, exhibitions of this kind

excite in us but little curiosity. They are all founded in one object,—gain; and they are all successful from one cause,—credulity. Monsieur Chabert, on Friday last, took neither phosphorus, arsenic, nor prussic acid, and his excuse for these omissions was, that he was suffering from a very severe cold, which, we think, would have been a far better apology for not performing at all. The melted lead, the paper and candle, the oil at 300°, and the heated oven, are feats scarcely worthy of the meanest subject of a "fire king," and certainly cannot add to the reputation and dignity of the monarch himself. We shall take an early opportunity of seeing M. Chabert again. In the mean time we ask him, as he professes to drink oil at a temperature of 300°, and to take, phosphorus, arsenic, and prussic acid, first,—Whether he will drink water at the boiling point, that is, at only 212°? And, secondly, will he, in his future exhibitions, counteract the usual effects of the above poisons when administered to dogs, rabbits, or other animals? Compliance or non-compliance on the part of M. Chabert, with the terms of the second proposal, will at least determine the question of "antidotes."

With feelings of indescribable satisfaction, we hasten to announce the removal from medical law of a defect which has long been a source of grievous annoyance, both to the profession and to the public;—in truth, a source of grievous loss to the one, and of *bitter* abhorrence to the other. Hear it, medical reformers, and let the glad tidings inspire you with renovated courage and strength. Lord Tenterden, the upright, the noble, the gifted, Lord Tenterden, has stretched forth the hand of justice, and, by a single effort, has raised, what Mr. Benjamin Brodie was pleased to term the "subordinate members" of the profession, that is, the General Practitioners, a thousand degrees in the scale of professional usefulness and respectability, and ten thousand degrees in the estimation of society. Rivers of mixtures and draughts, mountains of pills, boluses, and plasters, at once vanish before the decree of this acute and venerable judge. The compact, the percentage compact, between physicians and chemists, between Duns and druggists, is rent in twain, is severed for ever. Still more. The foundation of that compact is swept away, "is gone with the years beyond the flood." General practitioners will no longer be regarded in families as plunderers, whose interested object it is to convert the stomachs of their patients into drug-shops, but they will now be looked upon as men of experience and skill, and their ability to prescribe appropriate remedies for disease, will be valued rather more highly than the ability to mix those remedies in a bottle, or in a mortar. Scandalous, indeed, has been, not only the state of the profession, but the state of public feeling, upon these points. The public, however, are scarcely to blame, for their opinions, as regards this subject, have been grounded upon a legislative enactment; for the Apothecaries' Act of 1815, concedes to druggists the privilege of dispensing physicians' prescriptions, and, at the same time, imposes a penalty of 20*l.* upon any physician who dares to dispense his *own* prescription, unless he have received the permission of the drug-venders of Rhubarb Hall; that is, the Legislature considered the power to mix, far superior to the ability to prescribe. What sages! Are all our prophecies to be fulfilled? How often have we declared it as our decided opinion, that the day must come, and soon come, when regularly-qualified general practitioners, would be legally sanctioned in charging for attendance.

The thing is done, and the award of victory is due to Mr. Handey of Stamford Street, who is really entitled, not only to the thanks, but to the gratitude and respect, of the whole profession. Every medical

practitioner, that is, every practitioner who furnishes the medicine which he prescribes, will find, upon reading the following report, that he is placed in a new position, and is rescued, for ever, from the ranks of the Hucksters and Quacks with whom he has, hitherto, had the misfortune to be associated. We will not, by any further remarks, longer detain the reader from perusing the following report, but, while inserting it, we must take this opportunity of expressing our regret that the trial has not received the least notice in either of the daily newspapers.

COURT OF KING'S BENCH,

Saturday, Jan. 9th, 1830.

HANDEY *v.* HENSON.

Mr. THESSIGER said, that this was an action brought by Mr. James Handey, surgeon and apothecary, against Mr. Henson, of Upper Stamford Street, an attorney of this court. The demand was for 7*l.* 0*s.* 6*d.*, for medicines and attendance, furnished to the defendant's family. The first attendance was on a child of the defendant, to whom Mr. Handey was first called at night. He continued this attendance for a short time, and the child required but little medicine. He thought it proper to state here to the jury, that Mr. Handey had adopted a line of conduct in his medical practice, which he (Mr. T.) considered highly honourable and respectable. It was that of not sending in large quantities of useless medicines, but attending when necessary, and charging for his professional talents and visits. Having mentioned this circumstance, he referred to the next occasion, on which a charge was made by the plaintiff. The case was that of Mrs. Henson, the defendant's wife, who had a severe eruption of the face, which the plaintiff told her might be relieved with little medicine, which was accordingly furnished. After an attendance of a little more than five weeks, the plaintiff charged five guineas for the medicines and visits, in one charge. This formed a second part of the bill; the third and last was for attendance on the defendant's mother-in-law, in which the same honourable mode of procedure was observed. The only difficulty which presented itself to him (Mr. Thessiger) was, that of proving the visits, but he trusted he should show to the entire satisfaction of the jury, by the evidence he meant to produce, that the medicines were supplied, and the attendances furnished, for which the charges were made. He should now call his witnesses.

Lord TENTERDEN. Is the plaintiff qualified under the act, or was he in business before the year 1815.

Mr. THESSIGER. He was in business before 1815, my Lord. I will call Mr. White.

Mr. JAMES WHITE, of the firm of White and Cautherly, proved having supplied the plaintiff with drugs, and having waited on him three times prior to the year 1815, and that the plaintiff was in practice as a general practitioner before that time.

Mr. JACOB DIXON sworn: Was an apprentice of the plaintiff at the time of these visits; recollects the plaintiff being sent for in the night to the child, and his subsequent putting up and sending out the medicines necessary for Mrs. Henson's disorder. Had applied from fifteen to twenty times for the amount; judged what was the nature and state of the disorder from what the plaintiff communicated to him, and saying what the medicines were for. Defendant's wife had frequently promised to pay the bill. In answer to a question from Lord Tenterden, the witness said he could never see the defendant, either at his own house or his office. The defendant seemed to avoid him.

Mr. JAMES THORN was called to prove the remainder of the bill. Recollected not only putting up, but frequently taking the medicines to the house himself.

Mr. WILLIAM LOBB, surgeon, of Aldersgate Street, had seen the plaintiff's bill, and considered the charges perfectly fair and reasonable.

Mr. PLATT, for the defendant, commented generally on the plaintiff's case. He admitted the first and latter parts, and objected only to the charge in the bill of 5*l.* 5*s.* He called upon the jury to look at the account, in which the charges for medicines amounted to about 50*s.*, leaving the remainder to be made up by visits, which there was no proof had ever been made; this, he thought, entitled him to their verdict. Mr. Platt called no witness.

Lord TENTERDEN.—Gentlemen of the jury, this action has been brought, as you have heard stated, by Mr. Handey, a respectable surgeon, residing in Waterloo Bridge Road, against the defendant, Mr. W. S. Henson, an attorney of this Court, for the recovery of the sum of 7*l.* 0*s.* 6*d.*, for medicines and attendance. The first and last items are not disputed. In one part of the bill there is a charge of five guineas, which appears to be for five weeks' attendance and medicines. There does not seem to be much dispute as to the charge for the medicines, but for the visits; and of these, it is said, there is no proof; but I cannot see how a medical man is to prove these attendances. It may be said that when he makes them, he has his servant behind his carriage, or with him; but what can that ser-

vant prove? The opposing counsel says, that the persons in the house of the patient might be called to prove the attendances, but how are these servants or persons to be got at, or how are their names to be obtained? I think, Gentlemen, that the plaintiff has proved as much as can be expected; and Mr. Dixon proves that, on the plaintiff's return from his daily professional calls, the visits were entered in a book by him under the plaintiff's order, or by Mr. Handey himself. I cannot see, if a medical gentleman pursues the same honourable plan which this gentleman has done, of not sending in large and useless quantities of medicine, how he is to be remunerated, but by being paid for his attendances. I will hand you the bill, which you will please to inspect; and, from the evidence given, you will say whether you consider this to be a fair and just demand or not, and give a verdict accordingly.

The jury, after a minute's consideration, returned a verdict for the plaintiff, damages 7*l.* 0*s.* 6*d.*, and costs.

The following is a copy of that part of the bill which was objected to by the defendant:—

		£.	s.	d.
July 19.	The mixture			
	The pills			
	The lotion			
20.	The pills			
	The two draughts			
21.	Visit			
22.	Visit			
22.	The box of pills			
	The lotion			
23.	Visit			
24.	Visit			
	The draught			
25.	Visit			
26.	The box of pills			
	The draught			
27.	Visit			
28.	Visit			
28.	The lotion			
30.	The box of pills	5	5	0
31.	Visit			
Aug. 2.	The draughts			
	The box of pills			
4.	The draughts			
5.	Visit			
6.	Visit			
8.	The box of pills			
	The draughts			
10.	Visit			
	The lotion			
12.	The box of pills			
	The draughts			
15.	Visit			
16.	Visit			
17.	Visit			
Sept. 5.	Visit			
16.	The lotion			

MEDICO-BOTANICAL SOCIETY.

In consequence of some irregularities alleged to have been committed by Mr. Frost, two or three meetings have been held with a view to that gentleman's expulsion from the above society. This measure was not carried, but the office of director, which Mr. Frost held, was abolished. Whatever may be his sins, it is quite certain that Mr. Frost has exerted himself for the success and reputation of the society with extraordinary activity, and with a zeal bordering on enthusiasm. As one of his claims to the support of the members, Mr. Frost said that he was the founder of the society, a statement supported by Dr. Bree; but a correspondent informs us, that it owes its origin to the exertions of Mr. Thomas Gozna, of Oxendon Street, Mr. Raphael Smith, of Chelsea, and Mr. John Smith, of Henley, in Arden, Warwickshire. As perfectly impartial observers of the proceedings, we must say, that they bear the stamp of persecution, malignity, and revenge, and that the conduct of the Chairman, Earl Stanhope, has been indecorous throughout in the highest degree, and a thousand times more reprehensible than any misconduct, as far as we know, that has been imputed to Mr. Frost.

Elements of Practical Chemistry, comprising a Series of Experiments in every Department of Chemistry, with Directions for performing them, &c. By David Boswell Reid, Experimental Assistant to Professor Hope, &c. Maclachlan and Stewart, Edinburgh. 1829. 8vo. pp. 500.

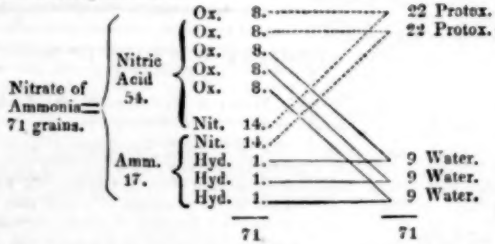
"The object of this work," as the author observes in his preface, "is to present the student with a systematic series of experiments, sufficiently broad to lay a proper foundation for acquiring habits of practical skill in chemical operations, with precise and minute directions for enabling him to perform them." This object, we can safely say, has been completely fulfilled; the style too is remarkably clear and simple, which is no trifling advantage to the student, who must find it, at any rate, sufficiently difficult to comprehend the explanation of a complicated series of changes, or the description

of a long chemical process, and the text is illustrated by a great number of small outline figures of the various apparatus referred to, a detailed description of which is thus rendered unnecessary.

The substances first treated of are the simple gases and non-metallic combustibles, with their principal compounds, the vegetable acids being given under the head of carbon; then come the alkalies and earths; to the latter of which the barbarous term "geofiable metals" is applied; then the true metals, and lastly some of the most important animal and vegetable principles. At the head of each section the atomic number, and the principal characters of the substance described in it, are given. The following may serve as a specimen:—

"Nitrogen.—Equivalent by weight, 14; by volume □ (one measure). Specific gravity, .9722. Weight of 100 cubic inches, 29.625 grains. Water absorbs this gas still more sparingly than oxygen; 100 cubic inches of water taking up about one and a half of nitrogen."

Besides the method of preparing each simple or compound substance, a number of experiments are described, showing its most important properties; and the double decompositions, or changes, from elective affinity are illustrated by very simple and ingenious diagrams, such as the following, which shows the changes which take place during the preparation of nitrous oxyd gas from nitrate of ammonia:—



"The first part of the table (to the left) represents the elementary composition of the 54 parts of nitric acid and the 17 of ammonia existing in 71 parts of the dry nitrate, and the other shows the new arrangement which these enter into, and the compounds produced. The three proportions of hydrogen in the ammonia combine with three of oxygen from the nitric acid, and the remaining proportions of oxygen come away with the nitrogen, both of the nitric acid and the ammonia, in the form of nitrous oxide."

With regard to the excitation produced by the inhalation of this gas, the author observes, "In no case that I have seen did it ever last longer than thirty-five seconds, though it often leaves a cheerfulness and gaiety of disposition for hours afterwards."

This statement is rather opposed to our experience, for we have frequently seen it last more than a minute, sometimes even two, but then always entirely pass away, leaving no sensation behind, except such as may be produced by the excessive laughter, or muscular exertion. The effects of the inhalation are extremely well described, but we are surprised that Mr. Reid should have omitted to notice the very remarkable circumstance of its producing, contrary to all other stimuli, a stronger effect the oftener it is taken; so that a person who may at first be moderately excited by two or three quarts, will, after taking it six or eight times, and that at intervals of several months, be able to bear only a fourth or fifth of that quantity.

Throughout the work continual reference is made to the theory of chemical equivalents, and towards the end of it is a very copious and useful table of them, together with a description and explanation of Wollaston's sliding scale. Mr. Reid's observations on this theory are so good that we cannot forbear quoting a part of them:—

"Since the existence of chemistry as a science, no principle has been pointed out so broadly connected with the whole range of its investigations as the doctrine of definite proportions. It embodies not only some of the most brilliant discoveries, but also many of the most useful practical applications of the science, and has enabled us to

reduce, to a more systematic form, the accumulated mass of facts which it now embraces. It is not, therefore, surprising, that it should have effected a very important change in the character of the science, and been so assiduously cultivated by every eminent chemist of the present day. Scarcely, indeed, have twenty years elapsed since Mr. Dalton made known his Views of Chemical Combination, and though they were blended with an ingenious hypothesis concerning the atoms, or ultimate particles of matter, which has not been universally adopted, they now form the basis of every scientific work on chemistry. Dr. Wollaston soon appreciated the importance of the laws pointed out by Mr. Dalton, and founded on them his Scale of Chemical Equivalents, one of the most valuable instruments which has been invented for assisting the analytical researches of the practical chemist, and facilitating the study of the most important laws and facts of chemical science. Dr. Thomson, in his late work, has observed, that to it we owe, in a great measure, the general adoption of the views of Mr. Dalton in Great Britain. It is one of those happy inventions which, by a singular felicity of adaptation, condenses, in one view, a vast mass of information, and it is quite invaluable to the practical chemist, saving him a multiplicity of calculations which must otherwise engross a large portion of his time; while, from the present state of chemistry, it is no less useful to the student, exhibiting, in the most striking manner, many of the most important relations of the science, and rendering him familiar, by mere inspection, with a wide range of chemical combinations."—pp. 408, 409.

The remainder of the work is occupied with the description of some apparatus which could not be conveniently introduced into the preceding chapters, with a very useful synoptic table of the principal characters of the earths and metallic oxyds before the blowpipe, extracted from Berzelius's treatise on that instrument; with tables of weights and measures, and of frigorific mixtures; with the methods of estimating the specific gravities of solids, liquids, and gases, and of ascertaining the quantity of acid or alkali in a given weight of any mixture or solution.

The faults and omissions are so unimportant as scarcely to require notice. The errata, though not absolutely numerous, are perhaps more so than they ought to have been in a work of this kind, where the greatest accuracy is desirable. In explaining the theory of the preparation of oxygen gas from the peroxyd of manganese, the reason why more is obtained by heating this mineral with sulphuric acid than alone, should have been mentioned, viz., that the acid will unite only with the protoxide. Some mention ought also to have been made of the process of reducing copper and iron ores, though, indeed, it can hardly be conducted on a small scale, and is, therefore, not likely to be performed by the student in chemistry. In conclusion, we strongly recommend the work to our readers as one containing much useful information, not to be found in the best systematic works on chemistry, to which it may form a very valuable accompaniment.

BOTANY AS A PART OF MEDICAL EDUCATION.

By William Howison, *M. D., Lecturer on Botany, &c.*

An individual, unconnected with the medical profession, upon carefully perusing our Edinburgh Medical and Surgical Regulations for the education of young men (the *statuta* of our University, and the regulations of our Royal College of Surgeons and Apothecaries), may naturally ask, "Is a knowledge of botany essentially necessary to the medical practitioner?" the University insisting upon it, whilst the Royal College omits it altogether. If it be, and no sensible man will deny it, the University of Edinburgh (as well as every other university and school of medicine) does right in making it an essential part of the education for acquiring a degree of M.D. The next question which will naturally occur is, "Why does the College of Surgeons of the same celebrated city, the only acknowledged apothecaries in the place, omit such an important branch in the regulations for their diploma, of the perfection of which regulations they are so proud? Are they of opinion, that a proper knowledge of materia medica can be acquired by an individual completely ignorant of botany? Does the physician, the prescriber, require a knowledge of botany, which it is unnecessary for the apothecary who makes up the prescription, to possess?" The majority of that learned body may answer, that they prefer mechanical philosophy and the elements of mathematics to botany or medical jurisprudence; but their course of study will be incomplete and unsatisfactory, until it includes the study of botany.

The Apothecaries' Company of London, in their last regulations, have omitted the word medical, (their previous regulations including one course of materia medica and medical botany,) and now include two courses of materia medica and botany. Would it not have appeared more correct, and have been better for them, to have separated botany from materia medica entirely, and to have said, one course of botany and one course of materia medica? The Royal College of Surgeons of London has committed the same glaring error. Are these bodies averse to follow, or have they not seen the example of the various universities at home, and above all, that of Sir James Macgregor, in the excellent regulations of the Army Medical Board, which have for so many years been looking them in the face? Would not the Navy Medical Board do well to add a three months' course of botany to their regulations? Or is it better in the eyes of the public, that a service dispersing its medical officers over every quarter of the globe, should not insist upon those individuals possessing a knowledge, at least, of the elements of botany?

Botany and materia medica ought to be separate and distinct courses; they can never be properly taught together. Botany is a summer course; it cannot with propriety be taught during the winter season; it is monstrous to attempt it, whilst the winter season is the period during which the greatest justice can be done to materia medica. Why do the London regulations not combine pharmacy, instead of botany, with materia medica? Are not these two branches of medical education intimately connected together, and is not a minute knowledge of pharmacy of the utmost consequence to the physician, surgeon, and apothecary? Does not the London *Pharmacopœia* consist one half of pharmacy, and one half of materia medica? The London *regulations* neglect pharmacy.

The combination of materia medica and botany in one course of three months, as is at present the case in the medical regulations already alluded to, and which teachers are compelled to carry into execution, in order to make their tickets qualify, is most improper. The botany is superficially taught, if taught at all, and men are found to come forward to teach it to others, who have never given a practical attention to it. Botany is not the superficial science which individuals, unacquainted with its minutiæ, are so apt to suppose; they imagine it is to be acquired by mere industry and toil in the fields; by a natural genius or attachment to its study. If Linnæus, Sir James Smith, Dr. Hooper, or any one of many individuals at present in existence, were asked how medical botany ought to be taught, their answer would never be, "In conjunction with materia medica, during a three months' course, or by individuals forced into its service." It would be their last wish to have seen it so degraded. The Council of the London University has acted very differently. What would Linnæus have said had he risen from his grave, and seen his favourite study so treated? I am happy to see, by the periodicals of the day, that botanical gardens are now establishing in London by Mr. Frost and other gentlemen. Certainly the public, and the medical profession in particular, ought to encourage such labours.

Institutions, or theory of medicine, form a distinct class, entirely unconnected with the principles and practice of medicine in Edinburgh, Glasgow, and Dublin Universities, and the only error the London University has committed is, that of having substituted an imperfect class of physiology, consisting of only three lectures a week, for a perfect one of institutions, or theory of medicine, of five lectures a week. The Royal College of Surgeons and Apothecaries of Edinburgh, in their last regulations, have improperly termed this class, institutions of medicine or physiology; whereas it consists of five lectures weekly for above five months, and must embrace physiology, therapeutics, and even pathology. Is there such a class as that of institutions or theory of medicine, as above defined, taught in London, or why is such an omission so long allowed?

The Navy Medical Board requires a candidate to attend twelve months' theory, and twelve months' practice of medicine. Do they mean that he should attend two six-month courses of theory or institutions, and two six-month courses of principles and practice of medicine, which he cannot find in London, but in Edinburgh alone? Or do they mean that he should attend a twenty-four-month's theory and practice, combined together, as taught in London, or eight distinct courses of three months' duration each? Or will either of these two methods answer their purpose? Monstrous!

To conclude: If any individual conversant with, or interested in, the teaching of medicine, will think proper to answer me one or all of the queries I have here put forward, he will oblige me.

Edinburgh, Jan. 1830.

FREEZING MIXTURES.—The greatest cold that can be produced by an artificial combination with snow or pounded ice, is that obtained by an admixture of two parts of snow or ice, and three parts of crystallized muriate of lime. This mixture will sink the thermometer 82 degrees below the freezing point.

LONDON MEDICAL SOCIETY.

ALLEGED ANEURISM OF THE RENAL ARTERY.

(*Letter from* Dr. Blicke).

Sir,—Is the fiat of the present surgeons of Guy's, and one or two M.D.'s, Messrs. B. Cooper, Key, and Callaway, and Drs. Addison and Hodgkin, without argument, and, Sir, without examination being granted to any one else (for looking at a preparation put up in spirit, surely cannot be considered a competent examination), is to be the dictum to which we are to bow or not? To proceed, then, Sir, the preparation was again brought to the society closely incased in its crystal walls, and with this extraordinary assurance from Mr. Gosset, that it had been again dissected (implying that it had not been properly done before, though executed by one of those now well-known surgeons); that probes had been passed this way and that, in order to find the sac and prove it aneurism; that the whole "staff" of Guy's (mind the expression, Sir) had declared it aneurism, and that there was no atheromatous structure; that he took all the merit due to a person having first elicited renal aneurism, and proceeded to read a letter from Dr. Hodgkin to the president, in which, no doubt, you have already anticipated was a confirmation of what the president said (vide Lancet, page 441, respecting Dr. Hodgkin's opinion); but no, Sir, you are disappointed, it was a complete confirmation of what I had said, viz. that he had supposed it so; but as he had not put up the preparation, he did not speak from his own knowledge; this, Sir, I pledge myself was the pith of the letter read; but having applied to the registrar for reference to it, was informed that it was not in his possession. This is in direct violation of the laws of the Society. Mr. Gosset then proceeded to comment on my letter to you, stating that I had given a gratuitous description of aneurism, and had then turned round, "unintentionally, no doubt," (recollect the words, Sir,) and given that description as his (Mr. Gosset's) own, in a letter to The Lancet: "he could perceive the cause of Dr. Blicke's error; it was, that he had been studying the ancient authors, and overlooked Scarpa, the best modern authority." It is now necessary for me to state that I here find that which Mr. Gosset asserted at the discussion, that which contradicts his accusation against me, of putting my words into his mouth; for Scarpa contains what I charge him with saying, that which I have accused him of at the discussions, that which I have repeated in my letter, that which I have denied, and still deny to be truth; and that which he evidently does not at this moment understand, or he could not flounder about as he does: viz. "that the sac of aneurism, as it is commonly met with, is formed by condensed cellular substance, without the dilatation of the coats of the artery." My reply, as you may suppose, Sir, was disclaiming the dictum of the very renowned surgeons of Guy's, that the preparation ought to have been brought as it was, without any fresh dissection or putting up, and turned out of the spirit; and I also pledge myself, that if the preparation were taken out, the tuberosities of the artery would be seen, that the artery was pulled down out of its place, so that they were partially hid, but that I could still perceive them; that it was impossible to form an opinion of the preparation whilst in the bottle; that I had given no description of aneurism, that I had merely referred to the case (brought forward by Dr. Copland, translated by Mr. Gosset for our benefit possibly), but at all events in order to confute Dr. Copland, which he had attempted, by asking if the case could be renal aneurism, when it was described as large as a child's head three years' old, and giving it as his, Mr. Gosset's, opinion, that it must have been aneurism of the aorta, to show that Mr. Gosset implied it was a case of true aneurism, and not spurious; that if Mr. Gosset had been misunderstood by me, it was his duty to have explained when I acquiesced in the definition of aneurism, as given by the President, in opposition to that of Mr. Gosset. Now, Sir, it is necessary for me to call your attention to several points, in order to show not only how far Mr. Gosset has improved his case, but also what credit is due to the fiat of the renowned surgeons. 1st. His assertion, that I gave a "gratuitous description of aneurism," might be settled by reference to the parties present; but as that is not only inconvenient from my distance, but at all times uncomfortable to parties to be dragged into controversy, and having it in my power to prove the contrary without the former mode, I prefer requesting you to refer to No. 332 of The Lancet, folio 504, where I say, "I perfectly agree with you, Mr. President, on your discription of true aneurism in opposition to that of Mr. Gosset, &c." Now, Sir, this on the face of it, shows Mr. Gosset had been giving a *description*, not a "reply," to me, or I could not have used that phraseology; and Mr. Callaway admitted I made this appeal to him on coming out of the room that evening; in point of fact, Sir, Mr. Callaway was compelled to give a description to rescue his reputation as to his knowledge of what true aneurism was; had I said any thing contrary to Mr. Callaway, he would not have given a

simple description but a reply, controverting what I said. Again, Sir, the perfect chaos he, Mr. Gosset, is in about aneurism is evidenced, 1st, By accusing me of maintaining the opinion he holds, and then giving the most positive evidence I cannot hold that opinion, in consequence of not having consulted Scarpa. But, Sir, some allowance must still be made for him, for though his temper is somewhat softened down, as evidenced by his substituting the words "unintentional, no doubt," in lieu of "wilful perversion," the recollection of his ire and the unbecoming language of my letter, as he is pleased to term it, are still, perhaps, ample causes for his density. Hodgson, in his prize essay, particularly remarks on the error of Scarpa; and, as I stated before, has traced by maceration the lamellated coats of the artery throughout, in the largest aneurisms; but mark the dilemma this has led him into. It is now admitted, if I understand Dr. Hodgkin's letter right, there is no membrane adherent to the artery, and consequently if it be aneurism it is true aneurism, which is what, in justice to Mr. Calloway, I have always understood him to mean, and what he has certainly some trifling ground for supposing, namely, that there is an atheromatous structure which renders the artery tortuous, thus giving it the appearance of enlargement, and perhaps, as the result of the effort previous to the rupture, the calibre may be somewhat enlarged.

With regard to the opinion of the "staff" of Guy's, I would remark, 1st, Why were they to examine it at all, till it was brought to the Society? 2d. Why alter the position of the parts from what they were? 3d. Why not have stated what the tuberosities or elevations on the coats of the artery were, if not atheromatous? 4th. Why are we not told that the clot is lamellated, or the reason why it is not, or why it was so easily separated? 5th. Why a probe passed down the artery proved it aneurism? It may be well to do this, to ascertain if it be the artery, but cannot possibly decide the question whether it be rupture or aneurism; and, lastly, Why are my inferences, given page 440 of THE LANCET, not attempted to be proved erroneous? I must now state, Sir, for Mr. Gosset's information, the present opinion on this subject. Aneurism was considered, for the most part, by the ancient authors, as an enlargement or dilatation of a portion of its circle; but Scarpa thought differently, and considered the sac was always formed by condensed cellular substance. The Monros, of Edinburgh, have always denied Scarpa's opinion; and Hodgson, Sir, has shown by experiment and dissection, how the aneurism is produced, viz. by rupture of the inner coat, &c., from any cause, and dilitation of the outer, and this, Sir, in the largest aneurism, he has also shown, that dilitation of the whole circle, including all the coats, is a very rare disease, though it does exist, and that then there is no lamellated coagulum. In conclusion, I have now only first to repeat, this was not the original question which remains unanswered by my opponents; and, secondly, to remark that even had it been my fate to have been vanquished, Mr. Gosset must admit it would not have been on "trifling grounds," as the whole "staff" of Guy's have been called out to refute me. It is true, Sir, the journalist alluded to by Mr. Gosset does not mention the words, "opinions of professional men of high reputation," which appear to have been so caustic to him, quoted in my letter from the report in THE LANCET; but no one can read the journal, without perceiving that that is the gist of his expression; and I ask, will he have the temerity to deny that he made use of them? I assert he did, in the most "*unqualified* manner."

I have the honour to be, Sir,
Your most obedient servant,
W. F. BLICKE

Walthamstow, Jan. 11, 1830.

ACTIVE EFFECTS OF THE COLCHICUM AUTUMNALE.

By Dr. T. WOODFORDE, *Taunton.*

THE extreme activity of the various preparations of the colchicum autumnale, together with the uncertainty in their effects (in common with all the articles of the Materia Medica derived from the vegetable kingdom), are well known, but I do not recollect to have heard at any time, that so small a quantity as half a drachm of the vinum semin. colchici, was capable of producing the alarming symptoms witnessed in the following case; such effects, if ever so rare, are calculated to make us hesitate in the exhibition of this medicine, valuable as it most certainly is in acute rheumatism: a particular idiosyncrasy is most probably to be looked for in this instance; but as this is not to be ascertained by any previous inquiry, we are left as much in the dark as before, with regard to the safety of using it. The wine here was prepared in the usual way, two ounces of the dried seeds infused for ten days in one pint of white wine, and the dose, as ordered in the Pharmacopœia, varied from one to three drachms; it was recently made, and was taken from a full bottle in which no deposit had occurred.

December 3d.—A female, labouring under acute rheumatism affecting the shoulders, knees, and ancles, was ordered ʒss. of the vinum seminum colchici three times

a day; soon after taking the first dose she became giddy, and before assistance could be rendered, had fallen to the ground. No pulsation of the heart or arteries was to be felt; the respiration was exceedingly hurried; copious general perspiration, the sweat standing on the face in drops as large as pease; the complexion of a leaden hue, with tetanic rigidity of the whole muscular system. This state continued from five to ten minutes, when she was able to swallow some stimulant, which gradually restored the pulse, but a great degree of restlessness, with depression of spirits, continued through the night; it produced its usual effects, increase of fever, with foul tongue, but did not affect the bowels. The rheumatic pains ceased instantly, and did not return. The next day, through some mistake, the dose was repeated, and the same symptoms recurred, but from the speedy operation of an emetic, they did not acquire the same degree of severity. Frequent fainting fits, however, continuing to occur for nearly sixteen hours, rendered the constant exhibition of cordials necessary, and great debility, with loss of appetite, remained for several days.

Taunton, Dec. 10th, 1829.

LIBERALITY OF THE LONDON AND EDINBURGH COLLEGES OF SURGEONS.

To the Editor of THE LANCET.

SIR,—The tyranny and contumely exercised by *the twenty-one self-elected monopolists* of Lincoln's-Inn-Fields, on the great body of English surgeons, have been ably and frequently exposed in your powerful Journal. The position of these individuals will doubtless shortly be seen in a true light, and the members of the College will be prompted, it is to be hoped, to make well-concerted efforts to procure an abrogation of the charter. This once effected, an efficient medical body may be formed, which would be the proper organ of the entire profession, adapted at once for the government of the faculty, and for a medium of communication with the state.

The oppressive tendency of the various "rules and regulations" which have from time to time been promulgated by the "ruling body" of the College, is now pretty generally admitted; but a publication of their effects on individuals cannot fail to excite a more vivid interest in the public mind.

The appearance of the late more liberal curriculum of the court of examiners, has brought forcibly to my recollection the injustice with which that body treated a candidate at the beginning of last year, and I think it a duty to my brother surgeons to publish the particulars.

Your readers will recollect the regulations which issued from the immaculate council at that time, and the standing order of the court of examiners, which required a year's attendance at a metropolitan hospital; or four years' attendance at a provincial hospital which should contain one hundred beds, and six months subsequently at a hospital in one of the recognised schools. A medical student whose acquirements had entirely depended on his own exertions, and who had commenced his attendance on lectures as long ago as 1820, but who from his scanty means was obliged to proceed with his studies very slowly, was presented, at the beginning of last year, by a respectable nobleman, to a situation in one of the public services, an indispensable condition, however to his instalment was the being a member of one of the colleges of surgeons. Having served only one year's dressership at a large country hospital, and having attended a London hospital for eight months only, but having all the other certificates complete, this gentleman wrote a letter to the court of examiners, stating his peculiar circumstances, and further observing, that having been twelve years engaged in the acquisition of professional knowledge, the recent regulations might be considered retrospective with regard to him. The only reply which this dignified body deigned to make to his application, which was couched in the most respectful terms, was an inclosed copy of the regulations appealed against! Regardless of the cruelty with which their fiat might bear on the poor student, the surgical divan determined to preserve their monopoly. What must the feelings of that ruined candidate be when he reads the late curriculum published by these worthies; according to which the certificates of hospital attendance possessed by him, were more than adequate to entitle him to an examination! Can a lapse of eighteen months have effected so complete a change in the nature of things, as that that quantum of certificates which in February 1828 was insufficient to save from destruction the prospects of an industrious and aspiring but friendless young man, should in December 1829 be all virtual?

Anxious to avail himself of his "tide of fortune," my friend turned his eyes towards the Edinburgh College, and immediately wrote to President Maclagan, and some private friends in that city. After waiting a month without an answer from this dignitary, and having received satisfactory assurances from his friends of the sufficiency of his certificates, he made a journey to Scotland, and waited on Dr. Maclagan at his house in George Street. That gentleman having apologised for his neglect in not replying to

the written communication of my friend, proceeded deliberately to examine the documents. The hospital attendance was found sufficient, and all the certificates complete, but one fatal objection existed. The lectures on physiology, or the institutions of medicine, were not *separate* and *distinct*; of these he had enough and to spare, but in London they are delivered in conjunction with anatomy, or the practice of medicine. In vain it was urged that these lectures were held to be good in London. The president "was veera sorry, and the gentleman would doa weel to attend Dr. Alison for six months." When I state that my friend had looked forward to his appointment for some years, and that he had qualified himself for examination, his feelings, when his best hopes were thus dashed to the ground, may be adequately conceived. Such are the blessings of the certificate system! Had he been a *newey*, or had he had sufficient suppleness of disposition to court and flatter the brief power of these "little great," he might perhaps, like others, have been allowed to evade their laws, and not have sunk into his present abyss of misfortunes.

Your admirer,

E-FASCIBUS-UNUS.

London, Nov. 28, 1829.

[We are well acquainted with the whole of the facts related in this letter. Mr. Lawrence must be delighted with his companions.—Ed. L.]

CASE OF DROPSY.

To the Editor of The Lancet.

Sir,—Relying upon your candour and impartiality, I beg the favour of your giving a place in your valuable Journal to the following facts. In the number of The Lancet for Saturday 26th ulto., the detail of a case, as related by Dr. Gregory, at the Westminster Medical Society, was inserted, but from some inadvertency, no morbid appearances were described in your report, excepting the polypi of the heart. As I published the history of this case in the Medical and Surgical Journal for the present month, with Dr. Gregory's concurrence, and described many other morbid appearances unnoticed in your Journal, and feeling that my credit was at stake, I attended the meeting of the above Society last Saturday evening, to hear the minutes of the preceding evening read, and the secretary mentioned that Dr. Gregory spoke of disease in the lungs and liver as well as what presented itself in the right cavities of the heart, all of which morbid appearances were described by me. I trust you will see the justice of setting me right with the profession, which will oblige, Sir, your most obedient, humble servant,

Richard Tuthill, M.D.

Assist. Surgeon 52nd Light Infantry.

111, Guilford St., Russell Sq.

Jan. 12, 1830.

[We readily insert this letter, and at the same time assure Dr. Tuthill that our report contains every particular of importance that was mentioned. The diseased state of the lungs and liver was barely referred to; the former were stated simply to have been "œdematous;" the latter "a trifle larger than general," and Dr. Tuthill will find them so described in the report. The relater did not appear to think these appearances of the least moment to the case.—Ed. L.]

WESTMINSTER HOSPITAL.

CARIES OF THE BONES OF THE CARPUS. HAND GRATED OFF BY AN OYSTER.

George Cross, about forty years old, admitted with caries of the carpal bones, under Sir Anthony Carlisle, 17th of November, 1829. The patient's account of his case is this: eighteen months ago he violently sprained his wrist whilst wrestling; previous to this time, he had been in excellent health; but, in a day or two afterwards, he observed the hand was considerably swelled and painful, especially when he was warm in bed. He applied to one of those medical poachers, ycleped "prescribing chemists," who sapiently furnished him with a camphor liniment. Notwithstanding the cures of this Æsculapius, the swelling and the pain augmented, and the cozened patient was compelled to apply to a surgeon. A score of leeches were immediately applied, and soothing fomentations were resorted to. The leeches were repeated at short intervals, and after a time a series of blisters were used. The hand, nevertheless, remained unamended. The inflammatory mischief, which had been fanned by the *mala praxis* of the quack, was too deeply rooted to be eradicated; the synovial membranes suppurated, and the bones speedily degenerated into caries; fistulous openings were formed in the palm and back of the hand, and in the wrist. Incisions have been frequently made into the parts, but without the slightest effect in arresting the march of the morbid action. He has not observed any exfoliation of bone or ligament.

The patient has been a groom; is a married man, and, according to his own manifesto, has led a regular and temperate life, enjoying uninterrupted good health. His

hand is now stiff and powerless; several fistulous openings, surmounted with fungi, exist, and the entire member presents the shiny appearance attendant on diseased bones; pulse 70, feeble; tongue clean, but flabby; appetite impaired; bowels confined, and person emaciated. He is ordered a gentle aperient powder daily.

Nov. 20. Sir Anthony having determined on the propriety of amputating the limb, had the patient brought into the theatre, and, after a few prefatory observations, proceeded to operate. A circular incision was made about four inches above the wrist, and after a world of deliberation, hesitation, gesticulation, and locomotion, the diseased portion was severed from the sound limb. During this long process, Dr. Pugh was heard to remark, in that deep but audible whisper which is characteristic of him, "this is what we call 'BOTCHING' in Baltimore, I calculate." This ejaculation no sooner fell upon the ear of that veteran pupil, Mr. Paul Cox, who stood near, than he replied in a similar tone, "by your leave Dr. Pugh, and if I do not presume, I would beg to suggest the term 'HAGGLING' as more appropriate and significant." Two arteries were secured, and the wound was closed in the usual manner.

An incision of the carpus showed the extremities of the radius and ulna, and the bones of the hand, to be denuded of cartilage, and entirely carious.

This case is an exemplar of hundreds that are daily occurring, and that indicate the daring empiricism which is now prevalent. In Westminster, especially, several horse-doctors, drug-venders, and cow-leeches, assuming the titles of *surgeons and man-midwives*, usurp the rights of educated practitioners, and prey upon the health and purses of the credulous. Where is the benefit of the boasted Apothecaries' Act, if this class of impostors be allowed to drive their iniquitous trade unpunished? It is surely high time for the "apothecary to be abroad," and defend his invaded privileges, or else *gratuitous* physicians, dispensary-founders, and the gentlemen(!) just described, will drive him from the field. Let the Apothecaries' Company be on the alert, and sufficient evidence will be forthcoming. The term "surgeon" will not, as fondly supposed, be found a shield from the just vengeance of the law, for *no one can legally practise surgery in London and its environs, except members of the College of Surgeons, members of the Barbers' Company, and others, having a license from the Dean of St. Paul.*

[We have thought it proper to insert these remarks, made by our acute and intelligent reporter, but it is evident that he has not perused the Apothecaries' Act of 1815 with any very marked attention. If he will take the trouble to examine that precious enactment, and the decisions of the judges which have been founded upon it, he will find that chemists and druggists, with equal folly and ignorance, are freely conceded those privileges which are withheld from all the members of all the Colleges of Surgeons, and from all the Fellows and Licentiates of all the Colleges of Physicians. Such is the state of the law relating to the medical profession, and yet, with shame be it spoken, members of that profession remain quiescent.—ED. L.]

ST. THOMAS'S HOSPITAL.

OPERATIONS.—TUMOUR OF THE LIP.—CATARACT.—EXCRESCENCE.—OPENING IN SOFT PALATE.

Friday, January 1, 1830.

THE first operation was performed on a man of healthy appearance, about 41 years of age, for the removal of a carcinomatous tumour of the lower lip. The operator, Mr. Tyrrell, commenced by making an incision, beginning at the left angle of the mouth, and extending it obliquely downwards and forwards to a little below the diseased portion; a similar incision was then made on the opposite side, so as to meet the lower extremity of the former one; and the triangular portion, including nearly the whole of the lower lip, was then dissected from its attachments, and removed. During this time an assistant made pressure on the inferior coronary artery, by including the lip at the angle of the mouth, between his finger and thumb, and by continuing the pressure for a few minutes after the cutting part of the operation was completed, all hæmorrhage was effectually prevented. Mr. Tyrrell then made two other incisions, commencing from the apex of the triangle, one on either side, and continuing them obliquely downwards and backwards thus,

and to about two inches in length; in order to allow of the parts being brought more readily into apposition, the edges of the wounds were then brought together and

confined by seven sutures, over which were laid strips of adhesive plaster. The patient states, that the disease commenced about four years ago, from putting a hot tobacco-pipe into the mouth, which raised a blister, and a few weeks after he perceived a hardness in the part, but it was of so trifling an appearance that he allowed it to pass almost unnoticed at the time; but he found it increase in size, although very gradually, and at length placed himself under the care of a medical man, at Reading. No proposition was made to him, however, for its removal until he came into the Hospital, about a fortnight previously, when the disease had extended from nearly one angle of the mouth to the same situation on the opposite side, and downwards about half an inch, causing the lip to be everted, and putting on an ulcerated wart-like appearance; the portion which was removed weighed about two ounces.

The next operation was for soft cataract, on a man from Edward's Ward, of about the same age as the former. The patient (who had undergone this operation several times before) having been placed on a table, in the recumbent position, with his head resting on a pillow, the operator introduced the needle, at the outer part of the left eye, through the sclerotic coat into the posterior chamber, and withdrew it after making a few turns, so as to break down the remainder of the opaque lens; the right eye was afterwards similarly treated, and the patient removed to his bed.

Mr. Tyrrell then removed a portion of excrescence, remaining after piles, around the anus of a middle-aged man, by passing a tenaculum through the part, and removing it with a scalpel. For obvious reasons, the diseased growth was only removed from one side of the anus, leaving the remainder for a future opportunity.

Mr. Tyrrell then informed the pupils that he had a case to be operated on, in the female theatre, for a congenital aperture in the roof of the mouth. This was performed by cauterizing the edges of the opening with a hot iron, with a view, as he stated, of producing a sloughing of the parts, and subsequent granulations; by which the aperture might be closed. The hole was situated about the centre of the roof, and although not much more than large enough to admit the blunt end of a probe, is productive of great inconvenience to her, as liquids run out at the nose, whenever she attempts to drink, and her articulation is very imperfect, and in the pronunciation of many words, quite unintelligible. It is singular, that she is not herself aware of any impediment to her speech. This girl is about seventeen years of age, and has been going on well since the operation; the result of which shall be noticed in a future Number.

GUY'S HOSPITAL.

STRANGULATED INGUINAL HERNIA, WITH HYDROCELE—OPERATION—DEATH.

Dec. 30th, 1829.—A stout healthy-looking man, apparently about 35 years of age, was brought to this hospital on Saturday afternoon, Dec. 26th, about two o'clock, with symptoms of strangulated hernia. He stated, that he had been the subject of hernia on the right side upwards of ten years, but never experienced the least difficulty in returning it till the evening previous (25th), when it suddenly descended without any apparent cause, and he was unable to return it; he sent (we believe) for a medical practitioner, who likewise applied the taxis, but with the same want of success. He remained the whole of the night in great pain, and unable to get any rest, occasionally attempting to reduce the tumour. In the afternoon of the 26th, shortly after his admission, we saw him. On examining the tumour *superficially*, it had the appearance somewhat of scrotal hernia, but on touching the scrotum, fluctuation could be *distinctly felt*; the abdomen was slightly tympanitic, and tender on being touched; pulse soft and full, averaging about 75 beats in a minute; countenance pale, but not anxious. The taxis was again applied for a short time, but no symptoms of reduction appearing, it was discontinued, and a bladder of ice was applied to the part. A note was dispatched to Mr. B. Cooper, who was the surgeon for the week, requesting his immediate attendance. We waited anxiously for a considerable period the arrival of the "junior," but "his chariot-wheels delayed his coming," and having quitted the hospital for a time, on our return we found the operation had been performed; however, we will recount the steps of the operation in Mr. B. Cooper's own words. "On arriving at the hospital, and observing the tumour, I was at once struck with its remarkable appearance; it was *like* two species of hernia, oblique inguinal and femoral; I accordingly determined, that if in operating for inguinal, I failed in discovering the stricture, I would then proceed with that for femoral. I accordingly made the incisions in the usual manner, but on making the incision to remove the layer formed by the cremaster muscle, *four or six ounces of fluid escaped!!* The hernia immediately put on the appearance of oblique inguinal, and on opening the sac, I found only a very small portion of intestine. The stricture, which was at the ring, I freely divided, and having broken down some slight adhesions between the intestine and sac, I attempted to return it, but a considerable quantity

more came down; I persisted for some time, and at one period I thought I should have had nearly the whole of the man's intestines out; however, by persevering, I finally returned nearly the whole; a small portion, in which there was a hole caused by ulceration, I allowed to remain in the sac. After the operation, the patient was placed in bed rather exhausted."

27. Complains of great pain and tenderness over the whole of the abdomen; pulse small, 55 beats in a minute; has been rather sick; countenance pale and anxious; had an evacuation by the rectum in the night. Ordered 60 leeches to be applied immediately to the abdomen, and a dose of castor oil. In the evening, the tenderness not having in the least subsided, 20 more leeches were applied.

28. Much worse, countenance cadaverous; pulse small, and slightly intermittent; and at six o'clock in the evening he expired.

Inspection of the Corpse twenty hours after death.

The wound in the groin appeared dark-coloured and sloughy, as were likewise the integuments covering the scrotum. Abdomen tympanitic. On opening this cavity, the small intestines presented rather a dark-coloured aspect, and were distended with flatus; in the hypogastric region there was a small quantity of sero-purulent fluid. On examining the hernial sac, it was found to be formed by the peritoneum; (Mr. Cooper supposed it to be formed by the tunica vaginalis; it was, however, too evident to be mistaken, and the chord passed down at its posterior part.) His bowels were open at half past five o'clock, and the hernia descended at six o'clock P.M. on 25th.

CONCUSSION, WITH RUPTURE OF THE BRAIN; DEATH.

A fine muscular fellow, apparently about 30 years of age, was brought to this hospital on the evening of December 17th, in consequence of having fallen into the hold of a ship, a distance of about eleven feet. He was taken up quite insensible, and brought here immediately: he was placed under the care of Mr. Morgan. At the time of his admission, the following symptoms presented themselves:—insensibility; eyelids partially closed; stertorous breathing; heat of the body nearly natural; pulse 65, full, and compressible; irides rather contracted, and insensible to the stimulus of light. Blood was immediately abstracted from the temporal artery to the amount of ℥xij., and a dose of croton oil exhibited.

18. Bowels very freely acted on by the oil; continues insensible; pulse rose to 80, and full; extremities of the natural temperature. His countenance has the appearance of a person intoxicated; irides rather contracted, and exhibits no sensibility on the admission of a greater quantity of light than natural. V.S. ad ℥xij., with another dose of the oil.

19. He still lies in a comatose state; no signs of returning sensibility; extremities warm; bowels open.

20. Moribund; in the evening he quietly departed this life.

Post-mortem Examination.

Dura mater slightly adherent to the arachnoid, and its vessels gorged with blood. Ventricles contained a small quantity of turbid fluid. At the base of the brain there was a rupture nearly half an inch deep, extending across through the middle lobes of the cerebrum and pons varolii. The bones at the base of the skull were not found to be fractured.

Cases admitted by Mr. B. Cooper, Dec. 23.

Males.—Bite of a dog; syphilitic iritis; abscess of the neck; stricture of the urethra; ulcer on leg; fracture of the neck of scapula; bubo, with gonorrhœa.

Females.—Ulcer on leg; burn; disease of the womb.

BITE OF A DOG.

The patient, in this case, is a stout healthy man, and is bitten very badly about the middle of the left fore-arm, and slightly on the right hand; the dog was a small one, of the kind commonly called "house-dogs," was never known to be snappish till the morning this accident occurred, when he attempted to bite three other persons. The dog was not killed, as is usually the case on similar occasions; and he has not exhibited as yet any symptoms of hydrophobia. When the man came to the hospital, the wounds were well washed, and afterwards touched with dilute nitric acid. The following day considerable inflammation having supervened, ten leeches were applied to the left arm; and afterwards linen, wetted with a lotion.

On Jan. 5, the inflammation had not decreased considerably, but an abscess had formed in the axilla, which was ordered to be opened, and afterwards poulticed. The general health is very good, and his bowels are regulated with house-physic.

SYPHILITIC IRITIS.

This affection occurs in a man twenty-six years of age. About three months ago, he had the venereal disease, for which he took mercury; about a week before his admission, he experienced great pain in his eye, and was unable to distinguish objects

clearly. The eye has a dull-greenish appearance, there is a red zone round the edge of the cornea, and large vessels are seen extending towards it from the circumference of the globe; the conjunctiva is considerably inflamed; the iris has a puckered appearance, and there is an effusion of reddish globules of lymph on its surface, and on the margin of the pupils.

24. Mr. Cooper saw him to-day, and ordered ten leeches to be applied.

Calomel, gr. v.
Comp. ext. colocynth, gr. x. cup. statim
Blue pill, grs. v.
Opium, gr. ss. every night;
A blister to the nape of the neck.

25. Bowels very freely opened; tongue covered with a white fur, but rather moist; complains of violent pain shooting across his temple, which is more severe in the evening; cornea hazy, and inflammation not diminished.

26. Inflammatory action not much alleviated; ten leeches to be applied to the temple, and to be cupped to the amount of ten ounces, and ext. belladonna to be applied to the eyelids.

Jan. 4. He has been very slowly improving to the present time; he can distinguish objects better. On visiting him to-day, we found him labouring under a considerable degree of fever; pulse 100, and full; tongue dry; bowels confined. Erysipelas being in the ward, Mr. B. Cooper thought he was about to have an attack, he therefore ordered venesection ad ℥xij., and a saline purgative; and, if necessary, to repeat the bleeding in the evening; and, afterwards, should the patient appear to sink, to exhibit bark, &c.

FRACTURE OF THE NECK OF THE SCAPULA.

This patient is a young man, apparently about twenty-three years of age; while amusing himself on the ice, he slipped and fell on his left shoulder; he came to the hospital, when the dresser for the week examined him, and said he distinctly heard a crepitus; he was admitted, and considerable swelling having supervened, leeches were applied. Mr. B. Cooper, however, could not make up his mind as to the nature of the accident, till Tuesday, Jan. 3; at first, he said there was no fracture; the dresser was positive he heard a crepitus. Mr. Cooper again examined the patient, when he said there was a fracture passing through the centre of the glenoid cavity, and accordingly ordered a pad to be placed in the axilla; the arm to be brought close to the body, and retained there by means of a bandage, and supported in a sling. It may be as well to observe, that the joint would only allow of very limited motion, without great pain.

SEVERE BURN.—APPLICATION OF FLOUR.

A GIRL, 10 years of age, was brought to this hospital on the evening of December 14th, in consequence of having received a severe burn. Her mother stated, that having occasion to go from home, she left this child to take care of some more children younger than herself; she was attempting to take something off the chimney-piece, when her clothes caught fire, and she was burned in a very dreadful manner. When admitted into the hospital, the skin had sloughed from the greater portion of the abdomen, and on the left side of the back; the chest also was very badly scorched. She was placed in bed, and the whole of the injured parts were well covered with flour, when she expressed herself greatly relieved from pain. Shortly after being in bed, vomiting came on, and continued the whole of the night. Complained of great thirst, when her mother supplied her with milk and water, which was immediately ejected. On the morning of the 15th the nurse distinctly states she vomited stercoraceous matter. When we saw her, she complained of excessive thirst, countenance pale and anxious; tongue moist, but covered with a white fur; bowels open; she continued to get worse, vomiting became incessant (the injured parts were well covered with flour, for which she constantly asked), the breathing became short and hurried, and on the 16th she expired. The body was shortly after removed.

SINGULAR CASE OF INJURY TO THE EYE, ACCOMPANIED WITH FRACTURE OF THE CRANIUM.

The patient was brought to the hospital with an extensive injury of the eye, produced by his having, in a quarrel, had the point of an umbrella thrust into his eye, and, as appeared in the end, with great force.

Mr. Key was called from the wards to see the man in the surgery; and upon the former placing his finger on the upper lid to raise it, so as to enable him to see to what extent injury had been inflicted, the patient called out vociferously as if suffering much, and refused to be further examined, as it gave him great pain. Mr. Key then told him he must leave the hospital, if he would not submit to what was proper to be done for him, but on asking if he had been drinking, some one answered in the affirmative, and he then ordered the man to a bed, and to be bled; the patient was at this time capable of answering questions distinctly, though in an irritable manner, and could walk with a slight degree of support; he was placed in bed, and bled in the course of the night; he was labouring now under symptoms of delirium, and gradually became worse and worse, until four o'clock in the morning, when he expired.

The case excited considerable interest, and a great number of students, &c., assembled to witness the post-mortem examination, which was conducted by Dr. Hodgkin.

Upon removing the upper part of the cranium, and exposing the brain, considerable ecchymosis was perceived at the posterior part of the brain. No external injury could be perceived at the back or side of the head, which could correspond with the internal appearance; but on turning back the anterior portion of the lobes of the cerebrum, an extensive fracture of the sphenoid, œthmoid, and part of the orbitar plate of the frontal bone, was discovered; the sella turcica and ala minor of the sphenoid were completely detached and driven upwards into the brain, lacerating the tunics. A considerable quantity of blood was found at the base of the brain, extending over the whole of the lower surface.

Although the patient had suffered this extensive injury, symptoms of compression were never fully, if at all, developed; no stertorous breathing, or incapability of being roused, appeared in this case.

The point of the umbrella had completely destroyed the eye; nothing but the tunics being left, and the finger could be readily passed into the brain.

The examination excited considerable interest.

Sir Thomas Lawrence.—We have heard that the circumstances, attending the death of this distinguished man, have not been correctly stated. It would be a source of satisfaction to the public to be made acquainted with them, and we hope Dr. Holland will feel it his duty to be communicative on the subject.

BOOKS FOR REVIEW.

A Practical Essay on Stricture of the Rectum, illustrated by cases showing the connexion of that disease with prolapsus of the rectum, irritation of the lungs, affections of the urinary organs, and of the uterus, fistula, etc. with some practical observations on piles and the hæmorrhoidal excrescence. By Frederick Salmon, senior surgeon to the General Dispensary, Aldersgate Street. Third Edition, very materially enlarged. London, Whittaker, 1829. 8vo. pp. 272.

Clinical Illustrations of Fever. Comprising a report of the cases treated at the London Fever Hospital, 1828-29. By Alexander Tweedie, M.D., Physician to the London Fever Hospital, &c. London: Whittaker, and Co., 1830. 8vo. pp. 204.

A Treatise on Fever, by Southwood Smith, M.D., Physician to the London Fever Hospital. London: Longman and Co., 1830. 8vo. pp. 436.

A Treatise on Pathological Anatomy. By G. Andral, translated from the French by Richard Townsend, M.D. and William West, M.D. Vol. 1. Dublin, Hodges and Smith. 1829. 8vo. pp. 698.

Popular Illustrations of Medicine. By Shirley Palmer, M.D. London, Baldwin, 1829. 8vo. pp. 396.

Commentaries on the Use and Necessity of Lavements in the Correction of Habitual Constipation, and in the Treatment of Diseases occasioned or aggravated by intestinal accumulation and irritation, etc., with a copious formulary of intestinal injections. By James Scott, Surgeon. London, J. Churchhill, 1829. 8vo. pp. 185.

TO CORRESPONDENTS.

E. The advertised "coward, fool, and liar," intimates that he was not afraid of Mr. M'Christie, and walked boldly up to him. The same person swore before the magistrates at Marlborough Street that he *was* afraid of Mr. M'Christie. He is gone, and his fate is what every man of sense expected. It is only about a month since, that the fellow alluded to a private note, which we believe was stolen from our printing-office, and on the same occasion he inquired if any of his gang could inform him who it was that called at a certain hour at the house of the Editor of this Journal, in Bedford Square. Eaves-dropper! From eaves-dropping to midnight assassination there is but one step. It is a proud satisfaction to be enabled to reflect, and it speaks volumes for the principles upon which this Journal has been conducted, that during the long and arduous contest in which we have been engaged, our private character has been assailed by only James Johnstone and the "coward."

The letter of Mr. Gosset, reached us too late for insertion.

Errata.

In a portion of our impression last week, some errors of the press occur at page 504, col. 1, commencing with the 22nd line, which may be corrected by reading the passage thus: "The crier, to their surprise, dissolved the court without either the foreman or one of the jury knowing what verdict was returned, one of whom immediately made the inquiry, and upon being told they wished to make an addition, this naturally brought on a discussion upon the subject, when the coroner hastily got up and left the room."